

# Service Area Plan

## Department Of Mental Health, Mental Retardation and Substance Abuse Services

### Facility-Based Education and Skills Training (19708)

## Service Area Background Information

### Service Area Description

Instruction services consist of any educational or vocational training, including educational instruction to the people served in training centers who are still covered by federal Individuals with Disabilities Education Act (IDEA) legislation, and vocational instruction and training for the people served in training centers.

### Service Area Alignment to Mission

Instruction services promote dignity, choice, recovery, and the highest possible level of participation in work. It is part of any quality treatment plan with instructional goals to improve habilitation and promote recovery.

### Service Area Statutory Authority

Chapter 3 of Title 37.2 of the Code of Virginia establishes the Department of Mental Health, Mental Retardation and Substance Abuse Services.

- § 37.2-304 outlines the duties of the Commissioner, including supervising and managing the Department and its state facilities (including education and training programs for school-age consumers); and
- § 37.2-312 requires the Department, in cooperation with the Department of Education, to provide for education and training of school-age consumers in state facilities.

The Individuals with Disabilities Education Act defines who receives special education services in state facilities.

### Service Area Customer Base

Customer(s)	Served	Potential
Training center residents receiving vocational/educational services	1,018	1,130

### Anticipated Changes In Service Area Customer Base

As the Department continues to restructure its state facilities to meet the needs of the regions they serve, educational and vocational services will be affected on a regional basis. However there is no anticipated change in the customer service base.

### Service Area Partners

#### **Community Services Boards and Behavioral Health Authority (CSBs):**

Some of the Department facilities have contractual relationships with several CSBs to provide sheltered workshop opportunities for consumers in those facilities.

### Service Area Partners

#### **Sheltered Workshops:**

Some of the Department facilities have contractual relationships with several sheltered workshops around the state to provide vocational opportunities for consumers in those facilities.

### Service Area Partners

#### **Virginia Department of Education and Local School Boards:**

The Department partners with local school boards to provide educational services for consumers who meet the criteria for vocational or academic education.

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#### **Service Area Products and Service**

- Habilitation Services
  - Occupational therapy
  - Physical therapy
  - Music and speech therapy
  - Recreation therapy
- Pre-vocational skills
  - Sheltered workshop
  - Work readiness training
  - Community based employment
- Educational Services
  - Functional academics based on the consumer's Individual Education Plan

#### **Factors Impacting Service Area Products and Services**

- The cost for facility-based education and skills training education services and associated materials are expected to continue to increase, as will the cost to transport individuals to off-campus instruction services. Public school program cost, paid by the state facility to local public schools if the consumer's needs are best met there will continue to increase.

#### **Anticipated Changes To Service Area Products and Services**

Minimal changes to the services are anticipated and would be based on individual consumer needs.

#### **Service Area Financial Summary**

This service area is funded with 89 percent general funds and 11 percent non-general funds. Approximately 84 percent of the non-general funds are from the collection of fees from Medicaid, Medicare, private insurance, private payments, and Federal entitlement programs related to indirect services costs of patient care. Other non-general funds are Federal funds appropriated for supplies, field trips and other education-related activities.

	<b><u>Fiscal Year 2007</u></b>		<b><u>Fiscal Year 2008</u></b>	
	<b>General Fund</b>	<b>Nongeneral Fund</b>	<b>General Fund</b>	<b>Nongeneral Fund</b>
<b>Base Budget</b>	\$6,811,271	\$844,827	\$6,811,271	\$844,827
<b>Changes To Base</b>	\$142,032	\$31,760	\$142,032	\$31,760
<b>SERVICE AREA TOTAL</b>	<b>\$6,953,303</b>	<b>\$876,587</b>	<b>\$6,953,303</b>	<b>\$876,587</b>

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## Department Of Mental Health, Mental Retardation and Substance Abuse Services

### Facility-Based Education and Skills Training (19708)

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#### Service Area Objectives, Measures, and Strategies

##### Objective 19708.01

***Continue to provide appropriate training, education, and transition services to all eligible consumers.***

This service is mandated by state and federal regulations that apply to special education services and vocational services for individuals served in the state facilities.

##### **This Objective Supports the Following Agency Goals:**

- Expand and sustain services capacity necessary to provide services when and where they are needed, in appropriate amounts, and for appropriate durations.

##### **This Objective Has The Following Measure(s):**

- **Measure 19708.01.01**

***Number of eligible consumers in state-operated facilities enrolled in training or educational programs***

**Measure Type:** Outcome      **Measure Frequency:** Annually

**Measure Baseline:** FY 2005: 100 percent of eligible consumers were enrolled in appropriate instructional or training programs

**Measure Target:** 100 percent of eligible consumers enrolled in appropriate instructional or training programs through FY 2008

**Measure Source and Calculation:**

The Department's Office of Facility Operations will survey facilities to obtain an individual count of consumers eligible for instructional services and individual count of individuals receiving instructional services.

##### **Objective 19708.01 Has the Following Strategies:**

- Assess each person admitted under the age of 22 for educational and training needs.
- Assign persons admitted to appropriate educational and training programs.
- Assess training and educational services for consumers already admitted during their yearly assessment.

# Service Area Plan

## *Department Of Mental Health, Mental Retardation and Substance Abuse Services*

### *Forensic and Behavioral Rehabilitation Security (35707)*

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## **Service Area Background Information**

### **Service Area Description**

The Department has, by statute, responsibility for the provision of forensic mental health evaluation and treatment services to the criminal courts of the Commonwealth. Forensic treatment services are provided in secure or civil units. The most secure location is the Maximum Security Forensic Unit at Central State Hospital (CSH) in Petersburg. This facility has levels of perimeter and internal security and security personnel that are equivalent to a medium security correctional center. An Intermediate Security Unit at CSH has medium correctional security levels of perimeter security, a less restricted internal milieu, and security staffing. Two minimum-security units, at Eastern State Hospital (ESH) and Western State Hospital (WSH), have a physical structure that includes, at a minimum, two levels of locked security to prevent escape, and a specialized staff complement.

The Department also operates the Virginia Center for Behavioral Rehabilitation (VCBR), which provides evaluation and rehabilitation services in a secure setting to individuals found by the court to meet the statutory criterion of sexually violent predator (SVP) under § 37.2-900 et.seq. of the Code of Virginia. The VCBR prepares residents, when appropriate, for eventual return to their home communities, working with community providers to develop realistic and appropriate conditional release and monitoring safety plans.

### **Service Area Alignment to Mission**

The Department must, by statute, provide secure confinement of individuals under criminal charge who are admitted directly from law enforcement custody. The Department also is required by statute to open and operate a secure treatment facility for individuals found by the courts to be sexually violent predators. The Department acts to ensure that treatment promotes public safety and provides a full array of treatment services within a setting that is no more restrictive than is required to meet those goals. To this end, the Department's forensic secure placement program makes use of multiple levels of security and access that are determined by the unique combination of legal constraints and treatment needs that apply in each case.

# Service Area Plan

## Department Of Mental Health, Mental Retardation and Substance Abuse Services

### Forensic and Behavioral Rehabilitation Security (35707)

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#### **Service Area Statutory Authority**

Chapter 11 of Title 16.1 of the Code of Virginia sets out the provisions of juvenile and domestic relations court law.

- § 16.1-356 of the Code of Virginia authorizes the Department to conduct evaluations of the competency of juvenile defendants to stand trial.

Chapters 11 and 11.1 of Title 19.2 of the Code of Virginia authorize the Department to provide forensic services to individuals in the criminal justice system, including evaluations of competency, determinations of sanity, restoration to competency services, and treatment services for individuals adjudicated not guilty by reason of insanity.

- § 19.2-169.1 of the Code of Virginia authorizes the Department to conduct evaluations of the competency of defendants to stand trial on a criminal charge.
- § 19.2-169.2 of the Code of Virginia authorizes the Department to provide inpatient treatment of individuals found to be incompetent to stand trial who need restoration to competency.
- § 19.2-169.3 of the Code of Virginia authorizes the Department to provide treatment of individuals found to be unrestorably incompetent who have been involuntarily admitted pursuant §37.2-817.
- § 19.2-169.5 of the Code of Virginia authorizes the Department to conduct evaluation of a defendant's mental status at the time of the offense.
- § 19.2-169.6 of the Code of Virginia authorizes the Department to provide inpatient treatment for a criminal defendant transferred from a jail to a hospital if the defendant is found to be mentally ill and imminently dangerous to himself or others.
- § 19.2-176 of the Code of Virginia authorizes the Department to evaluate and provide emergency treatment to a person who has been convicted or has pled guilty to a crime and is being held in jail to await sentencing.
- § 19.2-177.1 of the Code of Virginia authorizes the Department to provide inpatient treatment of a jail inmate who has been sentenced, is in a local or regional jail, and has been found to be mentally ill and imminently dangerous to themselves or others.
- § 19.2-182.2 of the Code of Virginia authorizes the Department to conduct evaluations of individuals found not guilty by reason of insanity to determine whether they should be kept in the hospital for further treatment, placed on conditional release in the community, or released to the community without conditions.
- § 19.2-182.3 of the Code of Virginia authorizes the Department to provide inpatient treatment to individuals found to be not guilty by reason of insanity and committed by the court.
- § 19.2-301 of the Code of Virginia authorizes the Department to conduct evaluations of sexual abnormality.

Chapter 9 of Title 37.2 of the Code of Virginia authorizes the civil commitment of sexually violent predators and authorizes the Department to operate or contract for a secure confinement facility to provide behavioral rehabilitation services to them.

- § 37.2-908 requires the Department to monitor a conditionally released sexually violent predator's compliance with a course of treatment ordered by the court.
- § 37.2-909 requires the Department to provide care, control, and treatment of sexually violent predators committed to it pursuant to Chapter 9 in a secure facility that it operates or contracts for.
- § 37.2-910 requires the Department to prepare discharge plans and conditional release plans if the committing court finds that the person is no longer a sexually violent predator.
- § 37.2-912 requires the Department to implement the court's conditional release orders and submit written reports on the committed person's progress and adjustment.

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#### **Service Area Customer Base**

Customer(s)	Served	Potential
Community services boards and behavioral health authority (CSBs)	40	40
Department of Corrections inmates meeting criteria as sexually violent predators (SVP) and eligible at release for SVP civil commitment	57	309
Individuals meeting SVP criteria and civilly committed to the Virginia Center for Behavioral Rehabilitation (VCBR)	16	57
Individuals with active criminal justice system involvement who require secure forensic services	1,110	1,332
Local and regional jails	82	82
Virginia criminal courts, including Juvenile and Domestic Relations Courts	120	120

#### **Anticipated Changes In Service Area Customer Base**

- Establishment of regional Jail Services Teams, such as the team established by the CSBs in Central Virginia, can reduce wait times for evaluation and treatment services by jail inmates.
- Additional community interventions such as Crisis Intervention Teams for law enforcement diversion, Mental Health Courts, and outpatient restoration to competency to stand trial for adults, may have a positive impact on the need for inpatient forensic resources.
- Potential Code changes to lower the screening criterion for SVP eligibility could increase the number of sexually violent predators civilly committed to the VCBR and double the number of individuals who could be conditionally released to community treatment services.

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### Forensic and Behavioral Rehabilitation Security (35707)

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#### **Service Area Partners**

##### **Advocacy Organizations:**

NAMI Virginia and NAMI Northern Virginia are actively involved on work groups and other planning entities addressing forensic issues.

#### **Service Area Partners**

##### **Community Services Boards:**

CSBs have active involvement with Department's forensic program in coordinating referrals and aftercare for forensic patients and providing direct case management and treatment services to forensic consumers.

#### **Service Area Partners**

##### **Indigent Defense Commission:**

Most forensic patients have court-appointed or public defender representation in the courts. This Commission and the forensic program are actively involved in developing diversion alternatives to arrest and incarceration for these individuals. Members of this group consult frequently with Department forensic experts on matters related to specific cases before the court and with regard to program needs.

#### **Service Area Partners**

##### **Provider Associations:**

The Department works closely with the Virginia Sheriffs Association, the Virginia Association of Regional Jails, and the Virginia Hospital and Healthcare Association in developing the agenda for positive change in the forensic program and to improve MH and SA services delivery in forensic settings through involvement on work groups and other planning entities. Members of the Commonwealth's Attorneys Service Council consult frequently with Department forensic experts on matters related to specific cases before the court and with regard to program needs.

#### **Service Area Partners**

##### **State Agencies:**

The Department of Corrections (DOC) screens SVP-eligible inmates for Commitment Review Committee review beginning 10 months before their release date and administers a sex offender re-offense risk protocol. It also works closely with the Department to improve access to hospital and community treatment resources for parolees who have been released from DOC facilities. The Virginia Department of Criminal Justice Services has partnered with the Department in developing and implementing a program of cross training in MH evaluation and treatment methods aimed at law enforcement personnel, including jail security staff. The Office of the Executive Secretary of the Supreme Court of Virginia provides valuable data regarding the numbers of forensic consumers who have been diverted from inpatient status for MH evaluations for the courts.

#### **Service Area Partners**

##### **The Commitment Review Committee (CRC):**

The CRC, run by the DOC, makes evaluation requests of the Department, reviews the evaluations and other case materials, develops recommendations for civil commitment, conditional release, or release, and sends these recommendations forward to the OAG.

#### **Service Area Partners**

##### **The Office of the Attorney General (OAG):**

The OAG provides consultation on forensic issues and makes the final decision on which SVP cases to take forward to court for civil commitment.

#### **Service Area Partners**

##### **The University of Virginia Institute of Law, Psychiatry, and Public Policy (ILPPP):**

The ILPPP, in consultation with the Department, develops and provides training for CRC evaluators and

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others relating to SVP civil commitment. The ILPPP also has partnered with the Department's forensic program for more than 25 years to develop improved evaluation and treatment services for forensic consumers and promote community-based, outpatient approaches to service delivery.

#### **Service Area Products and Service**

- Forensic Services
  - Expert inpatient and outpatient mental health evaluations and reports for the courts
  - Emergency treatment services
  - Treatment to restore competency to stand trial
  - Commitment for treatment for individuals acquitted of a criminal offense as Not Guilty by Reason of Insanity
  - Expert court testimony in forensic matters
  - Statewide training in forensic MH evaluations for the criminal courts
  - Coordination with CSBs of public community MH services for forensic consumers
  - Training, consultation, and assistance on forensic issues
- SVP Behavior Rehabilitation Services
  - Sex offender rehabilitation services within a maximum-security perimeter
  - Review of CRC and SVP evaluations
  - Quality management feedback to CRC evaluators
  - Annual SVP commitment reviews for the courts

#### **Factors Impacting Service Area Products and Services**

- Current demand for forensic evaluation and treatment services exceeds the capacity of Eastern State Hospital and, to a lesser extent, Western State Hospital. Central State Hospital, which has a statewide service area, also must wait list forensic admissions, due to excess demand for maximum-security treatment beds.
- The manner in which community MH agencies, law enforcement, and the courts respond to the behaviors of individuals with mental illness in community settings effects demand for secure forensic services. The lack of community MH crisis intervention and crisis stabilization services and the complexity of arranging inpatient treatment for individuals in crisis often results in individuals being arrested and incarcerated, in lieu of community-based or state hospital treatment. Once arrested, individuals with mental illness often require a year or more of inpatient treatment to render them able to stand trial for criminal charges that could have been avoided, using a jail diversion approach to service delivery.

#### **Anticipated Changes To Service Area Products and Services**

The Department and its partner agencies will work to actively implement proposed changes to the current process of managing the delivery and utilization of services provided to individuals with mental illness who become involved with the criminal justice system in Virginia. This includes efforts to further promote the goal of diversion from arrest and criminal prosecution of persons with mental illness who are in crisis.



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## Department Of Mental Health, Mental Retardation and Substance Abuse Services

### Forensic and Behavioral Rehabilitation Security (35707)

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#### Service Area Financial Summary

This service area is funded with 99 percent general funds and 1 percent non-general funds. Non-general funds are derived from the collection of fees from Medicaid, Medicare, private insurance, private payments, and Federal entitlement programs related to patient care.

	<u>Fiscal Year 2007</u>		<u>Fiscal Year 2008</u>	
	General Fund	Nongeneral Fund	General Fund	Nongeneral Fund
<b>Base Budget</b>	\$21,750,731	\$378,545	\$21,750,731	\$378,545
<b>Changes To Base</b>	(\$7,108,541)	(\$269,745)	(\$7,108,541)	(\$269,745)
<b>SERVICE AREA TOTAL</b>	<b>\$14,642,190</b>	<b>\$108,800</b>	<b>\$14,642,190</b>	<b>\$108,800</b>

# Service Area Plan

## Department Of Mental Health, Mental Retardation and Substance Abuse Services

### Forensic and Behavioral Rehabilitation Security (35707)

## Service Area Objectives, Measures, and Strategies

### Objective 35707.01

***Provide sufficient secure forensic evaluation, forensic treatment, and services that restore competency to stand trial to meet the demands of jails and courts.***

This objective conforms to the statutory mandate of the Department to provide the secure forensic services. Effective service delivery and utilization management assures that consumers receive accountable and quality secure forensic services and supports that are appropriate to their individual needs.

#### **This Objective Supports the Following Agency Goals:**

- Expand and sustain services capacity necessary to provide services when and where they are needed, in appropriate amounts, and for appropriate durations.
- Obtain sufficient numbers of professional, direct care, administrative, and support staff with appropriate skills and expertise to deliver quality care.

#### **This Objective Has The Following Measure(s):**

- **Measure 35707.01.01**

***Average wait times for admission to secure forensic settings***

**Measure Type:** Outcome

**Measure Frequency:** Quarterly

**Measure Baseline:** FY 2005: 3 months average wait time for admission to secure forensic settings

**Measure Target:** 10 percent reduction in average wait time for admission to secure forensic settings by the end of FY 2008

**Measure Source and Calculation:**

Use information from the following sources to determine changes in wait times.

- Department Forensic Information Management System (FIMS) data.
- DMHMRSAS AVATAR (Consumer Information System)
- Office of the Executive Secretary of the Supreme Court of Virginia forensic evaluation database
- Department of Corrections information
- CSB Community Consumer Submission data and other relevant CSB-provided information
- Information provided by the Virginia courts, the Department of Criminal Justice Services, the Compensation Board, and other stakeholder agencies.

#### **Objective 35707.01 Has the Following Strategies:**

- Eliminate prolonged wait times for the admission of forensic patients to CSH, ESH and WSH hospitals for secure evaluation, forensic treatment, and services to restore competency to stand trial.
- Implement a system-wide forensic psychosocial rehabilitation work group and “training academy” to enable all facilities to share their experience and expertise.
- Review and modify, as appropriate, inpatient programs for individuals found Not Guilty by Reason of Insanity (NGRI).
- Implement a career path for direct service associates to improve recruitment and retention efforts.

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## Department Of Mental Health, Mental Retardation and Substance Abuse Services

### Forensic and Behavioral Rehabilitation Security (35707)

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#### **Objective 35707.02**

***Provide secure and sex-offender specific treatment services to civilly committed sexually violent predators (SVPs) residing at the VCBR.***

This objective conforms to the statutory mandate authorizing the Department to operate or contract for a secure confinement facility to provide behavioral rehabilitation services to individuals who have been civilly committed as sexually violent predators. Effective service delivery and utilization management assures that consumers receive accountable and quality secure forensic services and supports that are appropriate to their individual needs.

#### **This Objective Supports the Following Agency Goals:**

- Expand and sustain services capacity necessary to provide services when and where they are needed, in appropriate amounts, and for appropriate durations.
- Obtain sufficient numbers of professional, direct care, administrative, and support staff with appropriate skills and expertise to deliver quality care.

#### **This Objective Has The Following Measure(s):**

- **Measure 35707.02.01**

***Reduction in the VCBR security staff turnover rate***

**Measure Type:** Outcome

**Measure Frequency:** Quarterly

**Measure Baseline:** FY 2005: 50 percent VCBR security staff turnover rate

**Measure Target:** 10 percent reduction in the VCBR security staff turnover rate by the end of FY 2008

**Measure Source and Calculation:**

Personnel data provided by the Department's Office of Human Resources Development

#### **Objective 35707.02 Has the Following Strategies:**

- Recruit, hire, and provide ongoing training to professionals and direct care staff sufficient to deliver minimum necessary treatment services to all residents of the VCBR.
- Recruit, hire, and provide ongoing training sufficient to provide the minimum number of trained personnel to man every security post for three shifts.
- Implement a career path for direct service associates to improve recruitment and retention efforts.

# Service Area Plan

## Department Of Mental Health, Mental Retardation and Substance Abuse Services

### Aftercare Pharmacy Services (42101)

## Service Area Background Information

### Service Area Description

The Aftercare Pharmacy provides medications for individuals who have been discharged or diverted from a state hospital or training center and who are unable to pay for medications that have been prescribed to treat or prevent a recurrence of the condition for which they received state facility services. The Aftercare Pharmacy (recently renamed the Community Resource Pharmacy) is located at the Hiram Davis Medical Center in Petersburg.

### Service Area Alignment to Mission

The Community Resource (Aftercare) Pharmacy provides medications that enable many individuals with acute and complex needs to be served in community settings. These medications respond to the symptoms associated with serious mental illness, thereby promoting recovery and successful community integration.

### Service Area Statutory Authority

Chapter 8 of Title 37.2 of the Code of Virginia addresses admissions and dispositions of individuals relative to facilities.

- § 37.2-843 authorizes the Department or CSBs to provide drugs or medicines from funds appropriated to the Department for that purpose for consumers discharged from state facilities when they or the persons liable for their care and treatment are financially unable to pay for or otherwise access them (aftercare pharmacy services).

Section 54.1-3437.1 of the Code of Virginia authorizes the Board of Pharmacy to issue a limited manufacturing permit to the pharmacy directly operated by the Department that serves consumers of the CSBs for the purpose of repackaging drugs.

### Service Area Customer Base

Customer(s)	Served	Potential
Individuals discharged from state hospitals and those diverted from state hospitalization to local acute care served by the Aftercare Pharmacy	8,875	8,875
Individuals served by the Aftercare Pharmacy who are on community intake status	5,637	5,637
Individuals served by the Aftercare Pharmacy who have Medicaid drug coverage	1,916	2,000

### Anticipated Changes In Service Area Customer Base

- Individuals for whom CSBs purchase psychiatric beds at local hospitals may be eligible for Aftercare Pharmacy services, thereby increasing the pharmacy's customer base. Other diversion services, such as the addition of new crisis stabilization programs, also may increase the Aftercare Pharmacy customer base.
- The Community Resource (Aftercare) Pharmacy customer base should be reduced with the implementation of the new Medicare Part D pharmacy program. Of the 17,000 individuals receiving Aftercare Pharmacy services, an estimated 53 percent should be eligible for Medicare Part D pharmacy services. Of these, about 6,000 are projected to be dually eligible for Medicare and Medicaid services and about 3,000 individuals will not be dually eligible but will be covered by Medicare Part D. All of these individuals will receive medications through their local pharmacies.
- The Department and the Department of Corrections (DOC) have entered into a Memorandum of Agreement that may extend eligibility for pharmacy services to offenders with mental illnesses. This could increase the pharmacy's customer base.

# Service Area Plan

## Department Of Mental Health, Mental Retardation and Substance Abuse Services

### Aftercare Pharmacy Services (42101)

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#### **Service Area Partners**

##### **Community Services Boards and Behavioral Health Authority (CSBs):**

The Central Office allocates state and federal funds to the 40 CSBs to support the provision of community mental health, mental retardation, and substance abuse services and supports. The CSBs serve as the single point of entry into the publicly funded mental health, mental retardation, and substance abuse services system. The CSBs prescreen individuals for admission to state facilities, prepare discharge plans which identify medical management and follow-up services needs, and provide those services to their consumers.

#### **Service Area Partners**

##### **Consumers, Family Members, and Advocacy Organizations:**

Consumers, family members, and advocates provide important feedback to the Department on pharmacy needs and services.

#### **Service Area Partners**

##### **Department of Medical Assistance Services:**

For consumers who are Medicaid recipients, the Department of Medical Assistance Services funds covered prescription drugs provided by the Aftercare Pharmacy.

#### **Service Area Products and Service**

- Medication Management -- The Community Resource (Aftercare) Pharmacy dispenses medications to CSBs for eligible consumers. Prescriptions are mailed directly to the pharmacy for dispensing. This includes preparation, packaging, compounding (if needed), labeling and mailing medications directly to the CSB serving the consumer.
- Provision of Medication Information -- The Community Resource (Aftercare) Pharmacy provides medication information to CSBs and consumers and family members, as required or requested.
- Utilization of Cost Containment Methods -- The Community Resource (Aftercare) Pharmacy uses of a number of effective cost containment methods, including: maintaining a formulary; encouraging the use of generic medications; promoting dose manipulation (for example, two 50 mg tablets in the place of one 100 mg tablet) to result in a less costly prescription product; and facilitating the "Medsavers" Program which is designed to conserve unclaimed medication. The pharmacy also participates in the Minnesota multi-state consortium for the bulk purchase of drugs from pharmaceutical companies, thereby lowering purchasing expenditures; these savings are then passed on to CSBs.
- Participation in the Department's Pharmacy, Therapeutics and Formulary Committee -- The Community Resource (Aftercare) Pharmacy participates in the Pharmacy, Therapeutics and Formulary Committee (PT&F Committee), established by the Department and comprised of administrative and clinical representation from CSB and Department staff. The group exists to analyze the access, utilization, and distribution of pharmaceuticals in the community services system.
- Participation in the development of a Behavioral Quality Indicator program -- The Community Resource (Aftercare) Pharmacy is working with the Department of Medical Assistance Services and the PT&F Committee to develop a Behavioral Quality Indicator program. This program will provide information on the utilization of psychiatric medications and provider practice patterns in community settings by developing quality indicators, educating practitioners, providing feedback on prescribing practices, and providing consultation.

# Service Area Plan

## Department Of Mental Health, Mental Retardation and Substance Abuse Services

### Aftercare Pharmacy Services (42101)

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#### Factors Impacting Service Area Products and Services

- Demand for Community Resource (Aftercare) Pharmacy services will increase as local inpatient purchase of service options and community crisis stabilization capacity is increased. Increasingly, individuals receiving pharmacy services are requiring numerous changes in medication regimens and much faster response and turnaround times.
- The growing number of individuals who are medically uninsured or underinsured results in unrecoverable medication costs to the Commonwealth.
- Rising medication costs are dramatically affecting pharmacy services. Prescription drugs are the fastest growing segment in health care expenses in the United States. Psychotropic medications account for more than \$ 60 billion nationally in annual sales from pharmaceutical companies. As new, more effective but expensive medications are introduced and prescribed, direct pharmaceutical costs will continue to increase.
- In Virginia and nationally, there is a pharmacist shortage. The Department's pharmacist salaries are the lowest in the state, making recruitment and retention of pharmacists extremely difficult.

#### Anticipated Changes To Service Area Products and Services

- The Department's implementation of a Medication Management System as part of its agency-wide electronic health record development process will create efficiencies, reduce costs associated with medication errors, and promote the implementation of best medication management practices.
- The atypical antipsychotic class of drugs has recently been shown to effectively control manic symptoms of Bipolar Disorder, as well as offer a superior side effect profile, compared to older agents. The FDA's approval of these drugs in alternative disease states (bipolar disorder, etc.) is expected to increase utilization of this class of drugs.

#### Service Area Financial Summary

This service area is funded with 81 percent general funds and 19 percent non-general funds. Non-general funds are derived from the collection of fees from Medicaid, Medicare, private insurance, private payments, and Federal entitlement programs related to patient care.

Note: The information on the following table is presented at the service area level. However, funding by fund source is actually appropriated at a higher program level. This creates the need to allocate the general fund and non-general fund amounts to the various service areas within the program level in accordance with reasonable allocation methodology. Such methodology has been applied in the presentation of these amounts.

	<u>Fiscal Year 2007</u>		<u>Fiscal Year 2008</u>	
	General Fund	Nongeneral Fund	General Fund	Nongeneral Fund
Base Budget	\$15,539,761	\$6,985,082	\$15,539,761	\$6,985,082
Changes To Base	\$4,489,817	(\$2,368,227)	\$6,240,631	(\$2,368,227)
<b>SERVICE AREA TOTAL</b>	<b>\$20,029,578</b>	<b>\$4,616,855</b>	<b>\$21,780,392</b>	<b>\$4,616,855</b>

# Service Area Plan

## Department Of Mental Health, Mental Retardation and Substance Abuse Services

### Aftercare Pharmacy Services (42101)

## Service Area Objectives, Measures, and Strategies

### Objective 42101.01

***Provide appropriate pharmacy services to individuals receiving CSB services who meet Aftercare Pharmacy eligibility criteria.***

Section 37.2-843 authorizes the Department to provide drugs or medications for consumers discharged from state facilities when they or the persons liable for their care and treatment are financially unable to pay for or otherwise access needed medications. Since its inception in 1968, the Aftercare Pharmacy (renamed the Community Resource in 2005) has grown to an operation that serves approximately 17,000 consumers and dispenses more than 300,000 prescriptions per year. Medications provided by the pharmacy enable consumers to remain in their communities close to their homes and natural supports.

#### **This Objective Supports the Following Agency Goals:**

- Expand and sustain services capacity necessary to provide services when and where they are needed, in appropriate amounts, and for appropriate durations.
- Assure that services system infrastructure and technology efficiently and appropriately meet the needs of individuals receiving publicly funded MH, MR, and SA services and supports.

#### **This Objective Has The Following Measure(s):**

- **Measure 42101.01.01**

***Annualized "Medsavers" savings***

**Measure Type:** Outcome

**Measure Frequency:** Quarterly

**Measure Baseline:** FY 04: \$1,885,475 in savings realized through the "Medsaver" program

**Measure Target:** 2 percent increase in savings realized through the "Medsaver" program by the end of FY 2008

**Measure Source and Calculation:**

Each prescription returned is entered into the pharmacy system; these data can be extracted through a series of audit logs or reports within this system.

#### **Objective 42101.01 Has the Following Strategies:**

- Maximize utilization of the "Medsavers" program.
- Provide detailed and summary information to the Department's Reimbursement Office on the number and dollar value of returned medications.
- Develop and implement physician prescribing practice notifications by identifying patterns of repetitive medication returns and notifying the appropriate physician or designee.
- Analyze the current processes and assess the availability of normal stock levels, the maximum quantity of an item that should be maintained to meet expected demand and to provide adequate safety stock for unanticipated demand or replenishment delays, on a quarterly basis or as demand changes.
- Implement consistent and tighter inventory control measures, including an inventory monitoring process to insure the availability of normal stock levels for medications.
- Implement an automated strategy for identifying individuals seeking services from the Community Resource (Aftercare) Pharmacy who are eligible for Medicare Part D services.

## **Service Area Plan**

### ***Department Of Mental Health, Mental Retardation and Substance Abuse Services***

#### ***Aftercare Pharmacy Services (42101)***

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- Enhance current Medicaid reimbursement for medication expenses by processing appropriate Medicaid claims within twelve months of the transaction fill date.
- Implement the Department-Department of Corrections memorandum of understanding to provide medications for offenders receiving CSB services who meet Community Resource (Aftercare) Pharmacy eligibility criteria.
- Provide medications to consumers served in system transformation initiatives.



# Service Area Plan

## Department Of Mental Health, Mental Retardation and Substance Abuse Services

### Inpatient Pharmacy Services (42102)

## Service Area Background Information

### Service Area Description

Inpatient pharmacy and medication management services include medication selection and procurement, medication storage, medication ordering and prescribing, medication preparation and dispensing, medication administration, and medication monitoring.

### Service Area Alignment to Mission

State hospitals and training centers are an integral component in the continuum of care in Virginia. These facilities share a collective responsibility in assuring the provision of appropriate services and supports to persons with mental illnesses, mental retardation, or substance use disorders who are in crisis, who present with acute or complex conditions, or both and who require the highly intense and structured environments of care only available in the inpatient setting. Inpatient pharmacy services provide medications to alleviate the symptoms and distress associated with a patient's or resident's illness and medical condition.

### Service Area Statutory Authority

Chapter 3 of Title 37.2 of the Code of Virginia establishes the Department of Mental Health, Mental Retardation and Substance Abuse Services.

- § 37.2-304 outlines the duties of the Commissioner, including supervising and managing the Department and its state facilities, including inpatient pharmacy services.

Chapter 7 of Title 37.2 of the Code of Virginia authorizes the Department to perform certain functions related to the operation of state facilities, including inpatient pharmacy services.

- § 37.2-703 authorizes the Commissioner to prescribe a system of records, accounts, and reports of how money is received and disbursed and of consumers admitted to or residing in each state facility;
- § 37.2-704 authorizes the Commissioner to receive and expend social security and other federal payments for consumers in state facilities; and
- §§ 37.2-717 through 37.2-721 direct the Department to investigate and determine which consumers or parents, guardians, conservators, trustees, or other persons legally responsible for consumers are financially able to pay for care; to assess or contract with such individuals to recover expenses; and to pursue payment of such expenses.

### Service Area Customer Base

Customer(s)	Served	Potential
Adults served in state hospitals	4,873	5,628
Children and adolescents served in state hospitals	658	760
Individuals meeting SVP criteria and civilly committed to the Virginia Center for Behavioral Rehabilitation (VCBR)	16	57
Individuals served in state training centers	1,658	1,698
Individuals with active criminal justice system involvement who require secure forensic services	1,110	10,000
Senior adults (65 and older) receiving services in state hospitals	648	749
State facility patients and residents receiving inpatient medical services in local hospitals through special hospitalization	541	591

# Service Area Plan

## Department Of Mental Health, Mental Retardation and Substance Abuse Services

### Inpatient Pharmacy Services (42102)

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#### Anticipated Changes In Service Area Customer Base

- State facilities are already serving proportionately greater numbers of individuals with significant or complex needs. State training center residents, particularly, will have serious medical conditions and physical risk factors. The number of state hospital patients with chronic medical conditions such as diabetes and hypertension will continue to increase. These individuals will require more medications.
- A growing number of Virginians have either limited or no mental health insurance benefits that, too often, result in less than optimal treatment and care. These individuals will place increasing pressure state mental health facilities.

#### Service Area Partners

##### **Consumers, Family Members, and Advocacy Organizations:**

Consumers, family members, and advocates provide important feedback to the Department on pharmacy needs and services.

#### Service Area Partners

##### **Department of Medical Assistance Services:**

The Department of Medical Assistance Services fund many services or supports, including medications for Medicaid enrolled facility patients and residents.

#### Service Area Partners

##### **Local Acute Care Hospitals:**

Individuals requiring hospitalization for a short period of time will be hospitalized in these contract hospitals thereby diverting clients from state facilities. Additionally, formulary information is shared to ensure continuity of care.

#### Service Area Products and Service

- Medication Selection and Procurement -- State facility pharmacies participate in the Minnesota multi-state consortium for the bulk purchase of drugs from pharmaceutical companies. This results in the system's ability to purchase drugs at a reduced cost.
- Medication Management and Education -- State facility pharmacies provide drug information to health professionals within the facility (medical staff, nursing staff, etc.), and to patients and their families, as required or requested.
- Service Oversight and Cost Containment -- State facility pharmacies maintain a formulary and promote the use of generics and dose manipulation (for example, two 50 mg tablets in the place of one 100 mg tablet) to reduce prescription product cost and educate physicians on cost effective, evidence-based practices and interventions.
- Medication Preparation and Dispensing -- State facility pharmacies dispense drug to inpatient clientele. Medication orders are prepared, packaged, compounded (if needed), labeled and then sent directly to the unit where the patient is located for administration by nursing staff.

# Service Area Plan

## Department Of Mental Health, Mental Retardation and Substance Abuse Services

### Inpatient Pharmacy Services (42102)

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#### Factors Impacting Service Area Products and Services

- The growing number of individuals who are medically uninsured or underinsured results in unrecoverable medication costs to the Commonwealth.
- Rising medication costs are dramatically affecting pharmacy services. Prescription drugs are the fastest growing segment in health care expenses in the United States. Psychotropic medications account for more than \$ 60 billion nationally in annual sales from pharmaceutical companies. As new, more effective but expensive medications are introduced and prescribed, direct pharmaceutical costs will continue to increase.
- In Virginia and nationally, there is a pharmacist shortage. The Department's pharmacist salaries are the lowest in the state, making recruitment and retention of pharmacists extremely difficult.
- The current state facility pharmacy computer system was purchased in the 1980s and is outdated and inadequate. The system is unable to communicate with other data systems, most significantly the department's current billing system and patient demographics database.

#### Anticipated Changes To Service Area Products and Services

- The Food and Drug Administration published a final rule on Bar Code Label Requirements on certain products dispensed from pharmacies. The Joint Commission on Accreditation of Healthcare Organizations is poised to require accredited organizations to implement bar code technology to help identify patients receiving medications and improve patient safety.
- The Department's implementation of a Medication Management System as part of its agency-wide electronic health record development process will create efficiencies, reduce costs associated with medication errors, and promote the implementation of best medication management practices.
- The atypical antipsychotic class of drugs has recently been shown to effectively control manic symptoms of Bipolar Disorder, as well as offer a superior side effect profile, compared to older agents. The FDA's approval of these drugs in alternative disease states (bipolar disorder, etc.) is expected to increase utilization of this class of drugs.

#### Service Area Financial Summary

This service area is funded with 57 percent general funds and 43 percent non-general funds. Non-general funds are derived from the collection of fees from Medicaid, Medicare, private insurance, private payments, and Federal entitlement programs related to patient care.

Note: The information on the following table is presented at the service area level. However, funding by fund source is actually appropriated at a higher program level. This creates the need to allocate the general fund and non-general fund amounts to the various service areas within the program level in accordance with reasonable allocation methodology. Such methodology has been applied in the presentation of these amounts.

	<u>Fiscal Year 2007</u>		<u>Fiscal Year 2008</u>	
	<u>General Fund</u>	<u>Nongeneral Fund</u>	<u>General Fund</u>	<u>Nongeneral Fund</u>
<b>Base Budget</b>	\$9,936,845	\$6,985,082	\$9,936,845	\$6,985,082
<b>Changes To Base</b>	\$2,671,593	\$2,395,773	\$3,382,276	\$2,395,773
<b>SERVICE AREA TOTAL</b>	<b>\$12,608,438</b>	<b>\$9,380,855</b>	<b>\$13,319,121</b>	<b>\$9,380,855</b>

# Service Area Plan

## Department Of Mental Health, Mental Retardation and Substance Abuse Services

### Inpatient Pharmacy Services (42102)

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## Service Area Objectives, Measures, and Strategies

### Objective 42102.01

#### ***Provide appropriate pharmacy services to state facility patients and residents.***

State facility pharmacy and medication functions are an important component in treating many psychiatric and medical conditions encountered in the state hospitals and training centers.

#### **This Objective Supports the Following Agency Goals:**

- Expand and sustain services capacity necessary to provide services when and where they are needed, in appropriate amounts, and for appropriate durations.
- Assure that services system infrastructure and technology efficiently and appropriately meet the needs of individuals receiving publicly funded MH, MR, and SA services and supports.

#### **This Objective Has The Following Measure(s):**

- **Measure 42102.01.01**

*Volume of inventory, including purchases and expenditures (measured in dollars)*

**Measure Type:** Outcome

**Measure Frequency:** Annually

**Measure Baseline:** FY 2004: \$12.6 million

**Measure Target:** \$12.6 million annually through the end of FY 2008

**Measure Source and Calculation:**

End of year physical inventory and monthly monitoring for reclamation purposes

#### **Objective 42102.01 Has the Following Strategies:**

- Assess physician prescribing practices to identify potential prescribing issues and take appropriate actions.
- Meet Medicare Part D implementation requirements, including software and hardware enhancements required for proper billing and compatibility with new processing requirements.
- Implement an inventory monitoring process that reduces excess inventories while ensuring the availability of normal stock levels for medications.
- Analyze demand and assess the availability of normal stock levels on a quarterly basis or as demand changes.

# Service Area Plan

## Department Of Mental Health, Mental Retardation and Substance Abuse Services

### Geriatric Care Services (43006)

## Service Area Background Information

### Service Area Description

Geriatric care services include inpatient psychiatric and medical assessment; psychology, medical, nursing, dental, social work, and ancillary services; recreational, physical, and occupational therapies; individualized treatment planning; medical and psychiatric medication management; rehabilitation; and cooperation with CSBs in discharge planning and coordination with the patient, family, and a host of local service providers serving the individuals ages 65 and older with mental illness to effect appropriate discharge and community placement.

The Department operates geriatric treatment centers or units at Eastern State Hospital (ESH) in Williamsburg, Southwestern Virginia Mental Health Institute (SWVMHI) in Marion, Catawba Hospital (CH) near Salem, and Piedmont Geriatric Hospital (PGH) in Burkeville.

### Service Area Alignment to Mission

Inpatient geriatric services provided in state mental health facilities are an integral component in the continuum of care in Virginia. These services and supports are provided to persons who are in crisis, who present with acute or complex conditions, or both, and who require the highly intense and structured environments of care only available in the inpatient setting. Inpatient geriatric services are consumer-focused, flexible, and sensitive to the cultural and age-related needs of consumers.

### Service Area Statutory Authority

Chapter 3 of Title 37.2 of the Code of Virginia establishes the Department of Mental Health, Mental Retardation and Substance Abuse Services.

- § 37.2-304 outlines the duties of the Commissioner, including supervising and managing the Department and its state facilities, including geriatric services for elderly individuals.

Chapter 7 of Title 37.2 of the Code of Virginia authorizes the Department to perform certain functions related to the operation of state facilities, including geriatric services for elderly individuals.

- § 37.2-702 authorizes the Department to establish and operate a separate geriatric unit within each state facility that serves significant numbers of elderly individuals;
- § 37.2-707 authorizes the Commissioner to employ state facility directors; and
- § 37.2-711 authorizes the Department and state facilities to exchange consumer-specific information for former and current consumers with CSBs to monitor the delivery, outcome, and effectiveness of services.

### Service Area Customer Base

Customer(s)	Served	Potential
Senior adults (65 and older) receiving services in state hospitals	648	749

### Anticipated Changes In Service Area Customer Base

Nearly 20 percent of adults who are 55 years or older are estimated to experience mental health problems that are not considered to be a part of the normal aging process. Older Virginians are among the fastest growing age groups in the Commonwealth and nationally. In 2000, 13 percent of the U.S. population was comprised of persons over age 65. By 2030, this proportion is expected to increase to 30 percent. This growth is likely to increase pressure on the state facilities to provide specialized treatment to elderly individuals with mental illnesses.

# Service Area Plan

## Department Of Mental Health, Mental Retardation and Substance Abuse Services

### Geriatric Care Services (43006)

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#### **Service Area Partners**

##### **Community Service Boards and Behavioral Health Authorities:**

Geriatric care services staff work collaboratively with community services boards and behavioral health authorities to plan, develop, and implement discharge planning activities and to reintegrate the consumer into the community to participate as fully as possible in all aspects of community life and relationships.

#### **Service Area Partners**

##### **Consumers and Families, Guardians, or Legally Authorized Representatives:**

Geriatric care services staff work with consumers and family members or authorized representatives in providing care, treatment, rehabilitation, and psycho-education services during an individual's inpatient stay. Consumers and family members are actively and meaningfully involved in all aspects of treatment, treatment planning, discharge planning, and community placement.

#### **Service Area Partners**

##### **Local Hospitals, Nursing Homes, and Adult Living Facilities:**

Geriatric care services staff, in coordination with the consumers, family members, and appropriate community placement staff, plan, develop, coordinate, and monitor community placements to insure a successful community transition and adjustment.

#### **Service Area Partners**

##### **State and Local Agencies:**

Geriatric care services staff develop and coordinate service delivery with multiple state and local agencies that provide geriatric services and supports, including health care, social services, and housing assistance. Agencies such as local Area Agencies on Aging, local Health Departments, and local Departments of Social Services are often key partners in treatment planning and coordination.

#### **Service Area Partners**

##### **Virginia Institutions of Higher Education:**

The academic medical centers and other academic programs of colleges and universities work with the geriatric facilities to train students, interns, and residents who may be entering the behavioral health arena, to train the facilities' existing workforce, and to promote the implementation of evidence-based and promising practices.

#### **Service Area Products and Service**

- Psychiatric and medical assessment
- Psychology, medical, nursing, dental, social work, and ancillary services
- Recreational, physical, and occupational therapies;
- Individualized treatment planning
- Medical and psychiatric medication management
- Rehabilitation
- Discharge planning and coordination

# Service Area Plan

## Department Of Mental Health, Mental Retardation and Substance Abuse Services

### Geriatric Care Services (43006)

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#### Factors Impacting Service Area Products and Services

- As the Department invests in community services and rigorously screens and continuously reviews the acuity and level of functioning of state hospital patients to ensure that inpatient services continue to be needed, demand for inpatient beds is expected to decrease. This decrease could be offset by increased demands resulting from population growth, continued reductions in the number of local hospital psychiatric beds statewide, inadequate financial support to develop community crisis stabilization and intensive community treatment, and lack of available and affordable housing and residential treatment options.
- The reluctance of elderly individuals to seek mental health treatment and the poor service coordination among agencies providing services to this population often results in a more complicated clinical picture when a person finally does present for services. Slightly less than four percent of the consumers served by CSBs are elderly, despite the fact that over 16 percent of the state's population is older adults. This reluctance to seek treatment early, coupled with the insufficient availability of specialized services and expertise in CSBs and the lack of a focal point in the Department to collect reliable data needed for program planning and to facilitate the development of gero-psychiatric services may increase demand for inpatient services.
- Clinical, environmental, and administrative standards set by the Centers for Medicaid and Medicare (CMS) and by the Joint Commission for Accreditation of Healthcare Organizations (JCAHO) are likely to continue to become more complex, burdensome, and more expensive to implement.

#### Anticipated Changes To Service Area Products and Services

Anticipated changes at the federal level may result in Medicaid funding being capped at a lower level. The Department is evaluating the recommendation of the Geriatric Special Populations Work Group to hire a geriatric specialist to provide oversight and coordination of services to this population.

#### Service Area Financial Summary

This service area is funded with 70 percent general funds and 30 percent non-general funds. Non-general funds are derived from the collection of fees from Medicaid, Medicare, private insurance, private payments, and Federal entitlement programs related to patient care.

Note: The information on the following table is presented at the service area level. However, funding by fund source is actually appropriated at a higher program level. This creates the need to allocate the general fund and non-general fund amounts to the various service areas within the program level in accordance with reasonable allocation methodology. Such methodology has been applied in the presentation of these amounts.

	<u>Fiscal Year 2007</u>		<u>Fiscal Year 2008</u>	
	General Fund	Nongeneral Fund	General Fund	Nongeneral Fund
<b>Base Budget</b>	\$23,249,220	\$9,963,952	\$22,917,089	\$10,296,083
<b>Changes To Base</b>	\$862,103	\$369,472	(\$834,859)	(\$375,081)
<b>SERVICE AREA TOTAL</b>	<b>\$24,111,323</b>	<b>\$10,333,424</b>	<b>\$22,082,230</b>	<b>\$9,921,002</b>

# Service Area Plan

## Department Of Mental Health, Mental Retardation and Substance Abuse Services

### Geriatric Care Services (43006)

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## Service Area Objectives, Measures, and Strategies

### Objective 43006.01

***Offer a comprehensive array of inpatient geriatric treatment and rehabilitation services and enrichment activities that meet patient needs and interests and promote self-determination and recovery.***

This objective conforms with the Department's responsibility to operate state facilities. Geriatric care services staff must continue to actively monitor and evaluate key hospital processes, such as assessment, treatment planning and service organization and delivery, to insure their consistency with psychosocial rehabilitation (PSR) and the Department's values of self-determination, participation, empowerment, and recovery.

#### **This Objective Supports the Following Agency Goals:**

- Expand and sustain services capacity necessary to provide services when and where they are needed, in appropriate amounts, and for appropriate durations.
- Obtain sufficient numbers of professional, direct care, administrative, and support staff with appropriate skills and expertise to deliver quality care.

#### **This Objective Has The Following Measure(s):**

- **Measure 43006.01.01**

***Increase the state geriatric centers' patient and family satisfaction survey response rates***

**Measure Type:** Outcome

**Measure Frequency:** Quarterly

**Measure Baseline:** FY 2005: 60 percent response rate by patients and family members

**Measure Target:** 10 percent increase in the response rate by the end of FY 2008

**Measure Source and Calculation:**

Compilation of survey response rates reported to the Department by the state geriatric treatment centers

#### **Objective 43006.01 Has the Following Strategies:**

- Increase the numbers of consumers and family members who receive education on wellness and recovery.
- Increase opportunities, through training, supervision, and focus groups, for staff to explore opportunities and barriers in further integrating self-determination and empowerment values into the day-to-day existence of the facility.
- Encourage hospital leadership to include wellness and recovery-oriented elements in hospital mission statements and hospital documents and brochures in order to promote and integrate key values with the official hospital values.
- Increase consumer involvement in the development, review, and modification of treatment plans.
- Increase efforts to offer a comprehensive array of treatment, rehabilitation and enrichment activities by continuously assessing the services and activities that are offered and adjusting according to patient needs and interests.
- Develop standard data sets and reports that can be used for planning and developing needed services, evaluating service outcomes, and making service improvements.



## **Service Area Plan**

### ***Department Of Mental Health, Mental Retardation and Substance Abuse Services***

#### ***Geriatric Care Services (43006)***

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- Provide a competent and well trained gero-psychiatric and gerontology workforce engaged in delivering needed services and supports.
- Implement a career path for direct service associates to improve recruitment and retention efforts.

# Service Area Plan

## Department Of Mental Health, Mental Retardation and Substance Abuse Services

### Inpatient Medical Services (43007)

## Service Area Background Information

### Service Area Description

Inpatient medical services include medical and dental care and nursing services provided to individuals receiving services in state hospitals and training centers. Inpatient medical services encompass a broad range of interventions, therapies, and laboratory services, but, most predominantly, include the skilled nursing, infirmary services, and acute medical or surgical care provided in state facility medical/surgical units or by referral from state facilities to local acute care hospitals through the Department's special hospitalization program.

Medical/surgical units are available at Eastern State Hospital (ESH) in Williamsburg, Southwestern Virginia Mental Health Institute (SWVMHI) in Marion, Western State Hospital (WSH) in Staunton, Central Virginia Training Center (CVTC) in Lynchburg, and the Hiram Davis Medical Center (HDMC) in Dinwiddie.

### Service Area Alignment to Mission

Inpatient medical services are an integral component of a comprehensive array of inpatient treatment, rehabilitation, and habilitation services available in state hospitals and training centers. These services focus on alleviating the symptoms and distress associated with an illness. Acute symptom resolution or management is a prerequisite for active and meaningful consumer involvement and participation in other state facility services. This enables individuals to develop skills and supports needed for success and satisfaction in specific environments and enhance other fundamental life skills, such as developing trusting relationships, increasing hope, motivation, and confidence, and making informed choices. Enhancing the capacities of consumers along these critical domains exemplifies the essence of the Department's mission.

### Service Area Statutory Authority

Chapter 3 of Title 37.2 of the Code of Virginia establishes the Department of Mental Health, Mental Retardation and Substance Abuse Services.

- § 37.2-304 outlines the duties of the Commissioner, including supervising and managing the Department and its state facilities, including inpatient medical services.

Chapter 7 of Title 37.2 of the Code of Virginia authorizes the Department to perform certain functions related to the operation of state facilities, including inpatient medical services.

- § 37.2-707 authorizes the Commissioner to employ state facility directors; and
- § 37.2-711 authorizes the Department and state facilities to exchange consumer-specific information for former and current consumers with CSBs to monitor the delivery, outcome, and effectiveness of services.

### Service Area Customer Base

Customer(s)	Served	Potential
Patients at Hiram Davis Medical Center	167	184
Patients on state hospital medical/surgical units	495	520
Patients on the Central Virginia Training Center medical/surgical unit	234	246
State facility patients and residents receiving inpatient medical services	541	591

# Service Area Plan

## Department Of Mental Health, Mental Retardation and Substance Abuse Services

### Inpatient Medical Services (43007)

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#### Anticipated Changes In Service Area Customer Base

- Decreases in inpatient census may have the impact of reducing the number of individuals who require medical/surgical care and skilled nursing care.
- Consumers with more severe mental disabilities are being admitted to state facilities, which may increase the demand for medical services. Individuals with severe mental disabilities frequently have had limited access to medical services and may be admitted to state facilities with multiple chronic medical conditions that require treatment during the course of their inpatient stay.
- More consumers with aggressive behavior patterns are being admitted to state facilities, which has the potential to increase the utilization of medical services to treat injuries.
- More forensic consumers are being admitted to mental health facilities. Forensic consumers typically have more medical conditions associated with poor health care prior to admission and iatrogenic disorders.

#### Service Area Partners

##### Diagnostic Testing Services:

Lab, radiology, and specialized diagnostic testing services are provided at local acute care hospitals, local physician's offices, or specialized diagnostic centers, when such services are not available in the state facility.

#### Service Area Partners

##### Local Acute Care Hospitals:

Local acute care hospitals provide medical and surgical services for consumers who require specialized inpatient medical and surgical care not available in state facilities.

#### Service Area Partners

##### Private Physicians Services:

Some individuals receiving inpatient services have private health care coverage. When these individuals require medical or surgical services, the individual may request care from their primary care physician.

#### Service Area Products and Service

- Inpatient medical services include:
  - Physician services
  - Nursing services
  - Skilled nursing care
  - Pathology lab
  - Radiology
  - EEG/EKG
  - Dental services and dental anesthesiology
  - Speech and audiology
  - Physical, occupational, and recreational therapy
  - Ophthalmology services
  - Respiratory therapy
  - Psychology Services
  - Medical supplies
  - Detoxification
- Special hospitalization (purchase of medical care from local hospitals)

# **Service Area Plan**

## ***Department Of Mental Health, Mental Retardation and Substance Abuse Services***

### ***Inpatient Medical Services (43007)***

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#### **Factors Impacting Service Area Products and Services**

- As the Department invests in community services and rigorously screens and continuously reviews the acuity and level of functioning of state hospital patients to ensure that inpatient services continue to be needed, demand for inpatient beds is expected to decrease. This decrease could be offset by increased demands resulting from population growth, continued reductions in the number of local hospital psychiatric beds statewide, inadequate financial support to develop community crisis stabilization and intensive community treatment, and lack of available and affordable housing and residential treatment options. The lack of integrated community treatment for persons with co-occurring mental illness and substance use disorders or co-occurring mental retardation and mental illness or mental retardation and substance use disorders also could increase demand for state hospital services.
- Future demand for inpatient services by current state training center residents is anticipated to increase as residents grow older and develop medical conditions associated with aging. The extent to which training center services will be required will be affected by the increased availability of community MR services and supports, including MR Waiver group homes and community ICF/MR alternatives, and behavioral consultation and medical, dental, and other services provided through the Regional Support Centers.
- Gradual declines in the census of state facilities and increased emphasis on medical screening to ensure that complex medical problems of individuals are addressed in local hospitals prior to their admission to a state facility have the potential to decrease utilization of facility medical/surgical units and to reduce the costs associated with outpatient medical services and special hospitalizations in local acute care hospitals purchased by state facilities.
- Clinical, environmental, and administrative standards set by the Centers for Medicaid and Medicare (CMS) and by the Joint Commission for Accreditation of Healthcare Organizations (JCAHO) are likely to continue to become more complex, burdensome, and more expensive to implement.

#### **Anticipated Changes To Service Area Products and Services**

- The Department will monitor the appropriateness of bed utilization in medical/surgical units and the actual number of bed days in comparison to the projected bed days to determine the most cost effective means of providing medical/surgical and skilled nursing services. In some facilities it may be necessary to maintain the current number of medical/surgical and skilled nursing beds, other facilities may need to reduce the number of beds to minimize potential losses, and some facilities may find it more cost effective to eliminate their medical/surgical or skilled nursing beds and use acute care community hospitals and other community based medical/surgical and diagnostic settings to provide these services.

# Service Area Plan

## Department Of Mental Health, Mental Retardation and Substance Abuse Services

### Inpatient Medical Services (43007)

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#### **Service Area Financial Summary**

This service area is funded with 70 percent general funds and 30 percent non-general funds. Non-general funds are derived from the collection of fees from Medicaid, Medicare, private insurance, private payments, and Federal entitlement programs related to patient care.

Note: The information on the following table is presented at the service area level. However, funding by fund source is actually appropriated at a higher program level. This creates the need to allocate the general fund and non-general fund amounts to the various service areas within the program level in accordance with reasonable allocation methodology. Such methodology has been applied in the presentation of these amounts.

	<u>Fiscal Year 2007</u>		<u>Fiscal Year 2008</u>	
	General Fund	Nongeneral Fund	General Fund	Nongeneral Fund
<b>Base Budget</b>	\$22,070,349	\$9,458,721	\$21,755,058	\$9,774,012
<b>Changes To Base</b>	\$1,752,465	\$751,057	\$2,067,756	\$435,766
<b>SERVICE AREA TOTAL</b>	<b>\$23,822,814</b>	<b>\$10,209,778</b>	<b>\$23,822,814</b>	<b>\$10,209,778</b>

# Service Area Plan

## Department Of Mental Health, Mental Retardation and Substance Abuse Services

### Inpatient Medical Services (43007)

## Service Area Objectives, Measures, and Strategies

### Objective 43007.01

***Offer or arrange for medical care appropriate to the individualized needs of facility patients and residents.***

State hospitals and training centers vary in their ability to provide general medical or surgical care to patients and residents. Medical and surgical services may be provided within the facility, in a local hospital, or in a referral facility. The proper assessment of an individual's medical status at admission to a state facility and proper assessment of any changes in this status during his hospitalization or stay in a training center are critical in making a determination about the most appropriate locus of inpatient medical services. Compliance with standards related to quality of care and appropriate utilization of medical and surgical services, whether they are offered by the state facility or in a local acute hospital, is evaluated by JACHO and CMS during their routine surveys.

#### **This Objective Supports the Following Agency Goals:**

- Expand and sustain services capacity necessary to provide services when and where they are needed, in appropriate amounts, and for appropriate durations.
- Obtain sufficient numbers of professional, direct care, administrative, and support staff with appropriate skills and expertise to deliver quality care.

#### **This Objective Has The Following Measure(s):**

##### ● **Measure 43007.01.01**

***Compliance with CMS certification and JCAHO accreditation requirements***

**Measure Type:** Outcome      **Measure Frequency:** Annually

**Measure Baseline:** FY 2005: 100 percent compliance

**Measure Target:** 100 percent compliance through the end of FY 2008

**Measure Source and Calculation:**

The Department will use JCAHO and CMS reports to calculate the number of deficiencies related to medical and surgical services reported by JACHO and CMS

#### **Objective 43007.01 Has the Following Strategies:**

- Offer quality medical care in facility medical/surgical units that meets CMS and JACHO requirements.
- Provide funds to assure health care and special hospitalization needs are met for state facility patients and residents.
- Monitor compliance with JACHO and CMS standards through annual mock surveys and ongoing compliance review activities.
- Continue partnerships with local hospitals to assure continuity of treatment for state facility patients and residents who require medical and surgical treatment that is not available in state facilities.
- Implement a career path for direct service associates to improve recruitment and retention efforts.

# Service Area Plan

## Department Of Mental Health, Mental Retardation and Substance Abuse Services

### State Mental Retardation Training Center Services (43010)

## Service Area Background Information

### Service Area Description

State mental retardation training center services include medical and psychiatric assessment, healthcare, medical stabilization, habilitation, and development of skills needed for successful community living. Although long-term care has been their main function, training centers also provide short-term respite care and emergency care. All training centers meet federal requirements for designation as Intermediate Care Facilities (ICF/MR) and one, CVTC, also operates skilled nursing and acute care beds.

The Department operates five training centers: Northern Virginia Training Center (NVTC) in Fairfax, Southeastern Virginia Training Center (SEVTC) in Chesapeake, Southside Virginia Training Center (SVTC) in Petersburg, Central Virginia Training Center (CVTC) in Lynchburg, and Southwestern Virginia Training Center (SWVTC) in Hillsville.

### Service Area Alignment to Mission

State training centers are an integral component in the continuum of care in Virginia. These facilities provide services and supports to persons with mental retardation who require the highly intense and structured environments of care. Training center services also address the needs of individuals with mental retardation and co-occurring mental illness or challenging behaviors and persons with co-occurring severe developmental disabilities and medical complexity.

### Service Area Statutory Authority

Chapter 3 of Title 37.2 of the Code of Virginia establishes the Department of Mental Health, Mental Retardation and Substance Abuse Services.

- § 37.2-304 outlines the duties of the Commissioner, including supervising and managing the Department and its training centers, which provide treatment, training, or habilitation of persons with mental retardation.

Chapter 7 of Title 37.2 of the Code of Virginia authorizes the Department to perform certain functions related to the operation of training centers.

- § 37.2-707 authorizes the Commissioner to employ state facility directors; and
- § 37.2-711 authorizes the Department and state facilities to exchange consumer-specific information for former and current consumers with CSBs to monitor the delivery, outcome, and effectiveness of services.

The federal Centers for Medicaid and Medicare (CMS) certifies all ICF/MR beds in training centers operated by the Department and acute care beds and skilled nursing beds at the CVTC.

### Service Area Customer Base

Customer(s)	Served	Potential
Individuals served in state training centers	1,658	1,698

# **Service Area Plan**

## ***Department Of Mental Health, Mental Retardation and Substance Abuse Services***

### ***State Mental Retardation Training Center Services (43010)***

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#### **Anticipated Changes In Service Area Customer Base**

- Virginia's population is becoming more culturally diverse and growing older. The customer base for training center services will change to reflect these demographic trends.
- The training centers primarily serve adults, but include residents who are over age 65, especially at CVTC and SVTC, which have been in operation the longest. The numbers of elderly individuals served in training centers is expected to increase as the current resident population grows older.
- Training centers are already serving proportionately greater numbers of individuals with significant or complex service needs. Residents will continue to experience serious medical conditions and physical risk factors.
- The frequency of individuals served in training centers with co-occurring mental illnesses or significant behavioral challenges is anticipated to increase.
- Demand for alternative housing and structured support options, including training centers, will increase dramatically as the large cohort of baby boomer parents become too old or disabled to continue their caregiving responsibilities or they die.



# Service Area Plan

## *Department Of Mental Health, Mental Retardation and Substance Abuse Services*

### *State Mental Retardation Training Center Services (43010)*

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#### **Service Area Partners**

##### **Advocacy groups:**

Statewide volunteer organizations such as ArcVA and Parents and Associates of the Institutionalized Retarded (PAIR) address various aspects of the service delivery system to promote quality, availability and accessibility of care to all persons with cognitive, developmental, physical, or mental disabilities.

#### **Service Area Partners**

##### **Community Services Boards and Behavioral Health Authorities (CSBs):**

The CSBs serve as the single points of entry into publicly funded mental health, mental retardation, and substance abuse services in the areas they serve. They prescreen individuals for admission to training centers and prepare discharge plans for individuals being discharged from training centers. They also participate in case reviews and the treatment/habilitation planning process and provide case management (i.e., monitor and coordinate support services needed) to the individual in the community

#### **Service Area Partners**

##### **Office of the Inspector General (OIG):**

The OIG has statutory responsibility to inspect, monitor, and review the quality of services provided in training centers in order to prevent problems, abuses, and deficiencies in treatment and habilitation programs. OIG staff conduct on-site inspections of each facility and publish findings, making recommendations for changes.

#### **Service Area Partners**

##### **Private Residential Service Providers:**

These providers offer residential services to training center residents at discharge

#### **Service Area Partners**

##### **Regional Partnerships and Regional Admission Committees:**

The Regional Partnerships include representatives from state hospitals, training centers, and CSBs. These partnerships are engaged in strategic planning to restructure and enhance the delivery of mental retardation services and develop community resources.

#### **Service Area Partners**

##### **Universities and Colleges:**

Universities and colleges partner with the training centers to conduct training of healthcare personnel and students; provide educational opportunities to staff for advancement; and provide, upon referral, consultative services

#### **Service Area Partners**

##### **Virginia Office for Protection and Advocacy (VOPA):**

VOPA has statutory responsibility to protect and advocate for the human and legal rights of persons with mental, cognitive or developmental disabilities. VOPA services to consumers include legal services, advocacy, information and referral to programs and services. VOPA monitors services at state facilities for quality and safety.

# **Service Area Plan**

## ***Department Of Mental Health, Mental Retardation and Substance Abuse Services***

### ***State Mental Retardation Training Center Services (43010)***

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#### **Service Area Products and Service**

- State mental retardation training center services include:
  - Medical and psychiatric assessment
  - Occupational, speech, physical, recreational therapies
  - Short-term respite and emergency care
  - Habilitation and skill acquisition for community integration.
- Regional Community Support Center Services -- Specialized medical, dental, and clinical services are provided to persons with mental retardation who are living in the community. Regional Community Support Centers also provide training and case consultation to family members and community residential, healthcare, and vocational providers.

# **Service Area Plan**

## ***Department Of Mental Health, Mental Retardation and Substance Abuse Services***

### ***State Mental Retardation Training Center Services (43010)***

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#### **Factors Impacting Service Area Products and Services**

- Future demand for state training center services will be affected by the increased availability of community MR services and supports, including MR Waiver group homes and community ICF/MR alternatives, and behavioral consultation and medical, dental, and other services provided through the Regional Support Centers.
- Clinical, environmental, and administrative standards set by the Centers for Medicaid and Medicare (CMS) and by the Joint Commission for Accreditation of Healthcare Organizations (JCAHO) are likely to continue to become more complex, burdensome, and more expensive to implement.
- The severity of physical plant conditions at all training centers requires immediate attention. Most training center buildings are in very poor condition and are inappropriately designed to serve the needs of current training center populations. Their designs also have inherent inefficiencies for staff, utilities, and support services. CVTC is out of compliance with current Fire and Life Safety Codes.

#### **Anticipated Changes To Service Area Products and Services**

- Facility buildings at all training centers must be replaced over the next three biennia due to their extreme age, poor plant condition, and inappropriateness to consumer needs. The Department is proposing implementation of the MR Services and Supports Options by Level of Care (the MR Model) developed by the MR Special Populations Workgroup. The MR Model would replace the training centers with smaller, appropriately designed and efficient Intensive Support Centers (ISCs) and small Intensive Support Homes (ISHs) operated by the ISCs. Successful implementation of this model will require investment in an extensive array of flexible community-based service options, including enhanced and improved community MR Waiver and family supports, community ICF/MRs, and MR Waiver group homes. The ISCs or state medical schools would operate Regional Community Support Centers that would be open for persons from the community to receive dental, behavioral, medical, and other clinical services.
- Centers for Medicare and Medicaid Services (CMS) standards will continue to emphasize the provision of person-centered active treatment. The increasing complexity of the agency's population in state training centers will require a well-trained workforce that is kept current with best clinical practices.
- Advances in information technology will improve staff clinical communication, improve quality assurance, and reduce medication errors (e.g., an Electronic Health Record).
- Utilization of telecommunication for clinical consultation to isolated or distant community providers is likely to increase.
- CMS will continue to increase inpatient standards for environmental safety. Facility buildings must be appropriate to consumer needs, and they must meet 2000 Fire/Life Safety Standards.

# Service Area Plan

## Department Of Mental Health, Mental Retardation and Substance Abuse Services

### State Mental Retardation Training Center Services (43010)

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#### Service Area Financial Summary

This service area is funded with 13 percent general funds and 87 percent non-general funds. Non-general funds are derived from the collection of fees from Medicaid, Medicare, private insurance, private payments, and Federal entitlement programs related to patient care.

	<u>Fiscal Year 2007</u>		<u>Fiscal Year 2008</u>	
	General Fund	Nongeneral Fund	General Fund	Nongeneral Fund
<b>Base Budget</b>	\$13,765,313	\$92,420,535	\$13,765,313	\$92,420,535
<b>Changes To Base</b>	\$434,694	\$2,610,281	\$434,694	(\$4,673,469)
<b>SERVICE AREA TOTAL</b>	<b>\$14,200,007</b>	<b>\$95,030,816</b>	<b>\$14,200,007</b>	<b>\$87,747,066</b>

# Service Area Plan

## Department Of Mental Health, Mental Retardation and Substance Abuse Services

### State Mental Retardation Training Center Services (43010)

## Service Area Objectives, Measures, and Strategies

### Objective 43010.01

***Offer a comprehensive array of training and habilitation services and enrichment activities that meet training center resident needs and interests, promote self-determination, and provide for resident safety.***

This objective conforms with the Department's responsibility to operate state facilities. To provide quality training center services, staffing must be sufficient for appropriate supervision of habilitation programs and direct care employees. Adequate staffing ensures quality care and protection from harm for consumers. The failure to have sufficient numbers of trained staff adversely affects quality of care and can result in de-certification, and, in turn, negatively impact fiscal reimbursement.

#### **This Objective Supports the Following Agency Goals:**

- Expand and sustain services capacity necessary to provide services when and where they are needed, in appropriate amounts, and for appropriate durations.
- Obtain sufficient numbers of professional, direct care, administrative, and support staff with appropriate skills and expertise to deliver quality care.

#### **This Objective Has The Following Measure(s):**

- **Measure 43010.01.00**

***Rate of turnover for direct care staff***

**Measure Type:** Outcome      **Measure Frequency:** Quarterly

**Measure Baseline:** FY 2005: 21.5 percent total direct care turnover

**Measure Target:** 10 percent reduction in direct care turnover by the end of FY 2008

**Measure Source and Calculation:**

Staffing data provided by the Department's Office of Human Resource Development

#### **Objective 43010.01 Has the Following Strategies:**

- Provide sufficient numbers of trained staff in each training center that is appropriate to the population served and sufficient to ensure service quality and resident safety and promote consumer self-determination, empowerment, and safety.
- Reconfigure training centers into intensive support centers and intensive support homes in accordance with the Mental Retardation Services and Supports Options by Level of Care model.
- Achieve operational efficiencies resulting from proposed replacements of the Southeastern Virginia Training Center and the Central Virginia Training Center.
- Expand the scope and depth of Regional Community Support Centers (RCSC) statewide in accordance with the Mental Retardation Services and Supports Options by Level of Care model.
- Establish best personnel practices that promote good attendance, professional and career development, intra-facility communications, leadership development, and creation of positive work environments and addressing relief factor needs to cover periods of staff absences.
- Implement a career path for direct services associates to improve recruitment and retention efforts.
- Monitor the age and length of service of staff in key positions at each training center and conduct trend analysis regarding potential retirements.

# **Service Area Plan**

## ***Department Of Mental Health, Mental Retardation and Substance Abuse Services***

### ***State Mental Retardation Training Center Services (43010)***

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- Continue collaboration with CSBs, advocates, and other stakeholders to address the future role and purpose of state training centers.
- Initiate partnerships with state universities to adopt curricula and provide training to students and current professionals so that the availability and accessibility of healthcare services to persons with mental retardation and developmental disabilities will be expanded.
- Regularly monitor the regional job markets for key positions in order to remain competitive in recruitment and retention.
- Implement replacement and repair activities at mental retardation training centers where there is a critical need to better align environments of care with resident safety, security, and habilitation needs.
- Procure necessary equipment to assure training, habilitation, and activity needs are met.

# Service Area Plan

## Department Of Mental Health, Mental Retardation and Substance Abuse Services

### State Mental Health Facility Services (43014)

## Service Area Background Information

### Service Area Description

State mental health facilities provide a variety of clinical services that are individualized to best meet each consumer's needs and include: psychiatric assessment and stabilization; medication management; psycho-social rehabilitation programming; psychiatric and rehabilitative therapies; and, in collaboration with the CSBs, discharge planning. Services are further specialized by the age groups served at a facility and incorporate cultural competency.

State mental health facilities include Catawba Hospital (CH) near Salem, Central State Hospital (CSH) in Dinwiddie, Commonwealth Center for Children and Adolescents (CCCA) in Staunton, Eastern State Hospital (ESH) in Williamsburg, Northern Virginia Mental Health Institute (NVMHI) in Falls Church, Southern Virginia Mental Health Institute (SVMHI) in Danville, Southwestern Virginia Mental Health Institute (SWVMHI) in Marion, and Western State Hospital (WSH) in Staunton.

### Service Area Alignment to Mission

State mental health facilities are an integral component in the continuum of care in Virginia. These facilities provide services and supports to persons with serious mental illnesses and serious emotional disturbances who are in crisis, who present with acute or complex conditions, or both, and who require the highly intense and structured environments of care only available in the inpatient setting. Services provided by state hospitals focus on psychiatric stabilization and development of skills needed for successful community living. These services enable individuals to develop skills and supports needed for success and satisfaction in specific environments and enhance other fundamental life skills, such as developing trusting relationships, increasing hope, motivation, and confidence, and making informed choices. Enhancing the capacities of consumers along these critical domains exemplifies the essence of the Department's mission.

### Service Area Statutory Authority

Chapter 3 of Title 37.2 of the Code of Virginia establishes the Department of Mental Health, Mental Retardation and Substance Abuse Services.

- § 37.2-304 outlines the duties of the Commissioner, including supervising and managing the Department and its state hospitals, which provide care and treatment for persons with mental illness.

Chapter 7 of Title 37.2 of the Code of Virginia authorizes the Department to perform certain functions related to the operation of state hospitals.

- § 37.2-707 authorizes the Commissioner to employ state facility directors; and
- § 37.2-711 authorizes the Department and state facilities to exchange consumer-specific information for former and current consumers with CSBs to monitor the delivery, outcome, and effectiveness of services.

### Service Area Customer Base

Customer(s)	Served	Potential
Adults served in state hospitals	4,873	5,628
Children and adolescents served in state hospitals	658	760

# **Service Area Plan**

## ***Department Of Mental Health, Mental Retardation and Substance Abuse Services***

### ***State Mental Health Facility Services (43014)***

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#### **Anticipated Changes In Service Area Customer Base**

- Virginia's population is increasing, becoming more culturally diverse, and growing older. The customer base for MH state mental health facility services will change to reflect these demographic trends.
- State mental health facilities will serve proportionately greater numbers of individuals with significant or complex service needs. These individuals will require specialized treatment services and ongoing preventive care.
- The frequency of individuals with co-occurring combinations of mental illnesses, substance use disorders, or mental retardation and other cognitive deficits, will increase, requiring more complex, specialized interventions and care.
- A growing number of Virginians have either limited or no mental health insurance benefits that, too often, result in less than optimal treatment and care. These individuals will place increasing pressure the public sector system.



# Service Area Plan

## Department Of Mental Health, Mental Retardation and Substance Abuse Services

### State Mental Health Facility Services (43014)

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#### **Service Area Partners**

##### **Advocacy Groups:**

These statewide volunteer organizations, such as the Mental Health Association of Virginia (MHAV), the National Alliance for the Mentally Ill of Virginia (NAMIVa), Parents and Children Coping Together (PACCT), and Voices for Virginia's Children, address various aspects of the service delivery system to promote quality, availability and accessibility of care to all persons with cognitive, developmental, physical and/or mental disabilities.

#### **Service Area Partners**

##### **Community Services Boards and Behavioral Health Authority:**

CSBs serve as the single points of entry into publicly funded mental health, mental retardation, and substance abuse services in the areas they serve. They prescreen individuals for admission to state hospitals and prepare discharge plans for individuals being discharged from state hospitals. As members of the treatment team, CSBs participate in the treatment planning process. They also provide case management (i.e., monitoring or coordinating needed support services) to state hospital patients when they are discharged into the community.

#### **Service Area Partners**

##### **Consumers and Their Families or Significant Others:**

These individuals are members of each consumer's treatment team and participate in treatment planning throughout the facility stay.

#### **Service Area Partners**

##### **Office of the Inspector General:**

The Office of the Inspector General has statutory responsibility to inspect, monitor and review the quality of services provided in state hospitals to prevent problems, abuses and deficiencies in treatment programs. OIG staff conduct on-site inspections of each facility and publish findings, making recommendations for changes.

#### **Service Area Partners**

##### **Private Residential Service Providers**

These providers offer residential services to state hospital patients at discharge.

#### **Service Area Partners**

##### **Regional Partnerships and Regional Admission Committees:**

The Regional Partnerships include representatives from state hospitals, training centers, and CSBs. These partnerships are engaged in strategic planning to restructure and enhance the delivery of mental health services and develop community resources. The partnerships often engage in inpatient bed utilization management.

#### **Service Area Partners**

##### **Universities and Colleges:**

Universities and colleges partner with the state facilities to conduct training of healthcare personnel and students; provide educational opportunities for staff development; and provide, upon referral, case consultation services.

#### **Service Area Partners**

##### **Virginia Office for Protection and Advocacy (VOPA):**

VOPA has statutory responsibility to protect and advocate for the human and legal rights of persons with mental, cognitive, or developmental disabilities. VOPA services to consumers include legal services, advocacy, information, and referral to programs and services. VOPA monitors services at state hospitals for quality and safety.

# **Service Area Plan**

## ***Department Of Mental Health, Mental Retardation and Substance Abuse Services***

### ***State Mental Health Facility Services (43014)***

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#### **Service Area Products and Service**

- Psychiatric assessment, stabilization and medication management
- Psychosocial rehabilitation programming, including psycho-educational services
- Psychology services
- Nursing services
- Social work services
- Recreational, physical and occupational therapies

# Service Area Plan

## ***Department Of Mental Health, Mental Retardation and Substance Abuse Services***

### ***State Mental Health Facility Services (43014)***

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#### **Factors Impacting Service Area Products and Services**

- As the Department invests in community services and rigorously screens and continuously reviews the acuity and level of functioning of state hospital patients to ensure that inpatient services continue to be needed, demand for inpatient beds could potentially decrease.
- Potential decreases in the state mental health facility customer base could be offset by increased demands resulting from population growth, continued reductions in the number of local hospital psychiatric beds statewide, inadequate financial support to develop community crisis stabilization and intensive community treatment, lack of available and affordable housing and residential treatment options, and further deterioration in mental health insurance coverage.
- The lack of integrated community treatment for persons with co-occurring mental illness and substance use disorders or co-occurring mental retardation and mental illness or mental retardation and substance use disorders also could increase demand for state hospital services.
- A number of state hospitals have significant physical plant problems that require immediate attention. Older buildings and large multi-building campuses are inappropriately designed to serve the needs of current state hospital populations. These buildings and campus designs also have inherent inefficiencies for staff, utilities, and support services.
- Clinical, environmental, and administrative standards set by the Centers for Medicaid and Medicare (CMS) and by the Joint Commission for Accreditation of Healthcare Organizations (JCAHO) are likely to continue to become more complex, burdensome, and more expensive to implement.

#### **Anticipated Changes To Service Area Products and Services**

- The Department is proposing that the larger, multi-building state hospital campuses be replaced with smaller, more effective and efficient single-building facilities.
- Joint Commission on Accreditation of Healthcare Organizations (JCAHO) and Centers for Medicare and Medicaid Services (CMS) standards will continue to emphasize the provision of person-centered active treatment. The increasing complexity of the agency's inpatient population will require a well-trained workforce that is kept current with best clinical practices.
- Advances in information technology will improve staff clinical communication, improve quality assurance, and reduce medication errors (e.g., an Electronic Health Record).
- Utilization of telecommunication for clinical consultation to isolated or distant community providers is likely to increase.
- Both JCAHO and CMS will continue to increase inpatient standards for environmental safety. Facility buildings must be appropriate to consumer needs, and they must meet 2000 Fire/Life Safety Standards.
- Although the proportion of forensic patients varies by facility, typically forensic status patients comprise about 25 percent of all patients in the state mental health facilities. Many of these individuals are served on civil units and not on designated secure forensic units. The percentage of beds used by forensic status patients is anticipated to increase as these individuals tend to have longer lengths of stay.

# Service Area Plan

## Department Of Mental Health, Mental Retardation and Substance Abuse Services

### State Mental Health Facility Services (43014)

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#### Service Area Financial Summary

This service area is funded with 62 percent general funds and 38 percent non-general funds. Non-general funds are derived from the collection of fees from Medicaid, Medicare, private insurance, private payments, and Federal entitlement programs related to indirect services costs of patient care.

	<u>Fiscal Year 2007</u>		<u>Fiscal Year 2008</u>	
	General Fund	Nongeneral Fund	General Fund	Nongeneral Fund
<b>Base Budget</b>	\$93,849,682	\$26,456,687	\$93,849,682	\$26,456,687
<b>Changes To Base</b>	(\$10,294,967)	\$23,827,961	(\$10,707,389)	\$24,240,383
<b>SERVICE AREA TOTAL</b>	<b>\$83,554,715</b>	<b>\$50,284,648</b>	<b>\$83,142,293</b>	<b>\$50,697,070</b>

# Service Area Plan

## Department Of Mental Health, Mental Retardation and Substance Abuse Services

### State Mental Health Facility Services (43014)

## Service Area Objectives, Measures, and Strategies

### Objective 43014.01

***Offer a comprehensive array of inpatient treatment and rehabilitation services and enrichment activities that meet patient needs and interests and promote self-determination, resilience and recovery.***

This objective conforms with the Department's responsibility to operate state facilities. To provide quality state hospital services, staffing must be sufficient for appropriate supervision of treatment and rehabilitation programs and direct care employees. Adequate staffing ensures quality care and protection from harm for consumers. The failure to have sufficient numbers of trained staff adversely affects quality of care and can result in de-certification, and, in turn, negatively impact fiscal reimbursement.

#### **This Objective Supports the Following Agency Goals:**

- Fully implement self-determination, empowerment, recovery, resilience, and person-centered core values at all levels of the system through policy and practices that reflect the unique circumstances of individuals receiving MH, MR, or SA services.
- Expand and sustain services capacity necessary to provide services when and where they are needed, in appropriate amounts, and for appropriate durations.
- Obtain sufficient numbers of professional, direct care, administrative, and support staff with appropriate skills and expertise to deliver quality care.

#### **This Objective Has The Following Measure(s):**

- **Measure 43014.01.01**

***Direct care staff turnover rate***

**Measure Type:** Outcome

**Measure Frequency:** Monthly

**Measure Baseline:** FY 2005: 24.5 percent total direct care turnover

**Measure Target:** 10 percent reduction in direct care turnover rate by the end of FY 2008

**Measure Source and Calculation:**

Personnel data provided by the Department's Office of Human Resources Development

#### **Objective 43014.01 Has the Following Strategies:**

- Maintain sufficient numbers of trained staff to ensure provision of person-centered, recovery-oriented active treatment consistent with best evidence-based and best practices.
- Achieve operational efficiencies resulting from proposed replacements of Eastern State Hospital and Western State Hospital.
- Implement a career path for direct service associates to improve recruitment and retention efforts.
- Implement a variety of training opportunities designed to increase staff knowledge and skills in recovery, resilience and person-centered principles and practices at psychiatric facilities, CSBs and other community providers.
- Engage private psychiatric inpatient service providers as partners in the development of strategies for integrating recovery principles in an inpatient setting.
- Integrate recovery principles in state mental health facility operations.

# **Service Area Plan**

## ***Department Of Mental Health, Mental Retardation and Substance Abuse Services***

### ***State Mental Health Facility Services (43014)***

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- Increase training in integrated treatment of persons with “dual diagnoses”, i.e. individuals with a major mental illness and co-occurring substance abuse/addiction or mental retardation.
- Promote a positive environment and leadership through development of preceptor and mentorship programs for new employees, model for Employee Forums, and improved communication facility-wide and between shifts.
- Improve bed utilization through the provision of aggressive treatment and discharge efforts that reduce lengths of stay and enable consumers to be integrated more quickly into the community.
- Monitor vacancies, turnover and staff development and review staff-to-patient ratios to ensure levels and types of staff appropriate to meet the needs of individuals receiving services.
- Implement replacement and repair activities at state mental health facilities where there is a critical need to better align environments of care with patient safety, security, and treatment needs.
- Review current state hospital psychosocial rehabilitation programs for quality and appropriateness to consumer skill development and recovery and provide, or contract for, technical assistance/training to staff so that improvement in consumer participation and outcomes occur.
- Procure necessary equipment to assure treatment, rehabilitation, and activity needs are met.

# Service Area Plan

## Department Of Mental Health, Mental Retardation and Substance Abuse Services

### Community Substance Abuse Services (44501)

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#### Service Area Background Information

##### Service Area Description

Community Substance Abuse Services funds public community substance abuse services provided by community services boards and behavioral health authorities, hereafter referred to as CSBs, throughout the Commonwealth. CSBs function as the single points of entry into publicly funded mental health, mental retardation, and substance abuse services in their service areas in order to provide comprehensive mental health, mental retardation, and substance abuse services within a continuum of care. Prevention services include programs, practices, and policies that involve individuals, families, community coalitions, and systems working together to promote their strengths and potentials. Prevention is aimed at substantially reducing the incidence of alcohol, tobacco, and other drug dependency and abuse. CSB responsibilities for services to consumers and for other administrative and operational requirements are identified in, reported on, and monitored through community services performance contracts negotiated annually by the Department with each CSB and associated contract reports. Community substance abuse services are integrated with other direct services and supports at the local level for individuals with special needs or those receiving services from multiple agencies, including adults and children or adolescents with co-occurring disorders such as mental illness and substance use disorders, and individuals who are hospitalized or involved in the criminal justice system.

##### Service Area Alignment to Mission

Community substance abuse services align directly with the agency's mission and are required to implement the agency's vision of a consumer-driven system of services and supports that promotes consumer self-determination, empowerment, recovery, resilience, health, inclusion, and participation in all aspects of community life, including work, school, family, and other meaningful relationships. Section 37.2-100 of the Code of Virginia defines consumers as current direct recipients of public or private mental health, mental retardation, or substance abuse treatment or habilitation services. Community substance abuse services benefit society and promote the message that recovery from substance use in all its forms is possible. These services focus on enhancing protective factors and reducing risk factors within the community, overcoming the stigma, denial and other barriers to treatment associated with substance use disorders, and assisting individuals to lead healthy and productive lives in recovery.

(Note: In this service area, substance use disorder names a condition (alcohol or other drug dependence) that a person has, while substance abuse names the services used to treat that disorder.)

# Service Area Plan

## Department Of Mental Health, Mental Retardation and Substance Abuse Services

### Community Substance Abuse Services (44501)

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#### Service Area Statutory Authority

Chapter 5 of Title 37.2 of the Code of Virginia authorizes the establishment and operation of community services boards (CSBs) by local governments to provide community substance abuse services and authorizes the Department to fund CSBs.

- § 37.2-500 authorizes the Department to provide funds to assist local governments in the provision of substance abuse services; it requires every city and county to establish or join a CSB; it specifies the core of services to be provided by CSBs; and it requires CSBs to function as the single points of entry into publicly funded substance abuse services.
- § 37.2-508 requires the Department to negotiate the performance contracts through which it provides funds to CSBs to provide services pursuant to this chapter.
- § 37.2-509 requires the Department to allocate available state-controlled funds to CSBs for disbursement in accordance with procedures established by the Department and performance contracts approved by the Department.

Chapter 6 of Title 37.2 of the Code of Virginia authorizes the establishment and operation of a behavioral health authority (BHA) by a specified city or county to provide community substance abuse services and authorizes the Department to fund a BHA.

- § 37.2-601 authorizes the Department to provide funds to assist certain cities or counties in the provision of substance abuse services; it specifies the core of services to be provided by a BHA; and it requires a BHA to function as the single point of entry into publicly funded substance abuse services.
- § 37.2-608 requires the Department to negotiate the performance contract through which it provides funds to a BHA to provide services pursuant to this chapter.
- § 37.2-611 requires the Department to allocate available state-controlled funds to a BHA for disbursement in accordance with procedures established by the Department and performance contracts approved by the Department.

Sections 1921-1954 of the Public Health Services Act authorize the federal Substance Abuse Treatment and Prevention (SAPT) Block Grant, providing federal funds to the Department for community substance abuse treatment and prevention services.

#### Service Area Customer Base

Customer(s)	Served	Potential
Individuals with substance use disorders served by or seeking services from CSBs	53,854	57,243
Participants in community prevention programs and coalitions	351,462	351,462



# **Service Area Plan**

## ***Department Of Mental Health, Mental Retardation and Substance Abuse Services***

### ***Community Substance Abuse Services (44501)***

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#### **Anticipated Changes In Service Area Customer Base**

- The 2006-2012 Comprehensive State Plan, based on statistical prevalence methodology, estimates that there are 335,545 adult or adolescent Virginians with illicit drug or alcohol dependence disorders. While not all of these 335,545 individuals will seek services from the public sector, many of them will do so.
- The 2006-2012 Comprehensive State Plan identifies 2,992 adults and 397 adolescents who are not receiving needed substance abuse services. Virginia's ongoing population growth will result in the need for additional community substance abuse services.
- The 2003 NSDUH estimates that there are 98,000 individuals needing but not receiving services.
- Increased state and federal emphases on identifying and serving substance-exposed newborns, substance-affected children, and their families involved with the child welfare system and juvenile and domestic relations courts will increase service referrals by child welfare and health care providers of adults and children in need of substance abuse treatment and introduce need for collaboration, care coordination, and training across systems.

# Service Area Plan

## *Department Of Mental Health, Mental Retardation and Substance Abuse Services*

### *Community Substance Abuse Services (44501)*

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#### **Service Area Partners**

##### **Community Services Boards and Behavioral Health Authorities (CSBs):**

The Department provides state and federal funds to the 40 CSBs to support the provision of community substance abuse services and supports. CSBs participate in Central Office efforts to implement its mission and vision and have a voice in policy, planning, and regulatory development for the public services system.

#### **Service Area Partners**

##### **Consumers and Advocacy Organizations:**

Consumers and substance use disorder advocacy organizations, such as the Substance Abuse and Addiction Recovery Alliance (SAARA), the Virginia Alliance of Methadone Advocates, and the Virginia Association of Alcohol and Drug Programs, provide important feedback to the Department and CSBs on service needs, services, and policy, planning, and regulatory development activity for the public services system. Some consumers and family members serve on community services boards or behavioral health authorities.

#### **Service Area Partners**

##### **Federal Agencies:**

The Substance Abuse and Mental Health Services Administration provides grants of federal funds to the Department that support community substance abuse services, and it provides technical assistance to the Department and CSBs about requirements associated with the receipt of block grant funds that support the provision of community substance abuse services.

#### **Service Area Partners**

##### **Local Governments:**

Local governments approve their CSBs' performance contracts, which provide the basis for funding community substance abuse services. They also provide financial resources for those services through the local matching funds that they appropriate to their CSBs, pursuant to §§ 37.2-509 and -611 of the Code of Virginia.

#### **Service Area Partners**

##### **Other State and Local Agencies:**

Local and state agencies, such as the Departments of Social Services, Health, Corrections, and Housing and Community Development, provide or fund many services or supports that are critical to the success of community substance abuse services. These include services for TANF recipients (8 to 23 percent of recipients), services for approximately 50 percent of the families involved with child welfare agencies who are affected by substance use disorders, auxiliary grants for adult living facilities, various social services, health care, and housing assistance and substance abuse services provided by the Department of Corrections to 70 percent of the adults in its custody. The Department of Medical Assistance Services (DMAS) funds only two community substance abuse services, which serve extremely limited populations; in the future, the DMAS needs to become a much greater partner, supporting a full range of community substance abuse services similar to the array of community mental health services that it supports.

#### **Service Area Partners**

##### **Private Providers (for profit and non-profit organizations):**

Private providers are critical components of the publicly funded substance abuse services for which CSBs function as the single points of entry. Private providers deliver a significant portion of community substance abuse services across the state through contracts with CSBs.

#### **Service Area Partners**

##### **Virginia Institutions of Higher Education (Colleges, Universities, and Community Colleges):**

The academic medical centers, academic programs of other colleges and universities, and community college courses offer education or training for the CSB and private provider workforce that provides community

# Service Area Plan

## *Department Of Mental Health, Mental Retardation and Substance Abuse Services*

### *Community Substance Abuse Services (44501)*

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substance abuse services.

#### **Service Area Products and Service**

- State and federal funds provided by the Department to CSBs finance part of the expenses of the community substance abuse services received by consumers and their families. Local matching funds and fee revenues, including Medicaid fees, also pay for the expenses of these services. Community substance abuse services include:
  - Emergency services, including crisis intervention
  - Local acute psychiatric inpatient services
  - Community-based substance abuse medical detoxification inpatient services
  - Outpatient services, including therapy, counseling, intensive outpatient, opioid detoxification, and opioid treatment
  - Day treatment and partial hospitalization
  - Rehabilitation services, including psychosocial rehabilitation programs
  - Sheltered employment
  - Group supported employment
  - Individual supported employment
  - Intensive residential services, such as primary care, intermediate and long-term habilitation, and group homes
  - Jail-based habilitation services
  - Supervised residential services, such as supervised apartments, domiciliary care, and sponsored placements
  - Supportive residential services, such as supported living arrangements
  - Prevention services, including community prevention coalitions
  - Early intervention services
  - Substance abuse social detoxification services
  - Substance abuse motivational treatment
  - Consumer monitoring
  - Assessment and evaluation services

Core Services Taxonomy 7, issued by the Department and available on its web site at [www.dmhmrzas.virginia.gov](http://www.dmhmrzas.virginia.gov), defines all of these services.

- State and federal funds provided by the Department to CSBs also support special projects, such as the Co-Occurring Services Integration Grant (COSIG) and Strengthening Families.

# Service Area Plan

## Department Of Mental Health, Mental Retardation and Substance Abuse Services

### Community Substance Abuse Services (44501)

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#### Factors Impacting Service Area Products and Services

- Absent or inadequate increases in base amounts of state or federal funds to support the normal ongoing costs of providing services, such as cost-of-living increases, or address unavoidable increases in operating expenses have adversely affected the capacity of CSBs and private providers to maintain current levels of services. The increased costs of providing services without corresponding increases in state and federal funds will result in the provision of fewer services to fewer individuals and an increased unmet demand for services. In addition, it appears that the federal government intends to reduce the level of ongoing block grant funding that it provides to the states for community substance abuse services.
- Lack of parity in Medicaid and other insurance coverage for substance abuse services increases the demand for and reliance on CSB services that are supported only with state, local matching, or federal funds.
- The patterns of drug use will reflect an increased prevalence of prescription drug and methamphetamine abuse and dependence.
- There will be an increased emphasis on prevention services and the importance of community prevention coalitions as federal regulations shift their emphasis from individual change to community substance abuse policy and substance use change.
- Decreasing availability of qualified professionals, particularly direct care staff, makes it more difficult for CSBs and private providers to maintain or expand existing services or develop new services to address unmet demands for services or the need to adopt or develop new service modalities or approaches, such as evidenced-based practices.
- Increasingly complex and burdensome federal requirements to report treatment and prevention outcome data decrease the staff resources available to provide direct clinical services. For example, the National Outcome Measures will require CSBs to collect and report outcome measures in at least six domains: abstinence, employment or education, crime and criminal justice, stability in housing, access to services, and retention in services, with other measures in other domains now under development.
- An increasing focus at federal and state levels on improving assessment and screening of adults and adolescents with co-occurring substance use disorders and mental illnesses or serious emotional disturbances and serving them will increase the need and demand for integrated substance abuse and mental health services to treat these co-occurring disorders.
- A new federal emphasis on the development and support of services provided by faith-based organizations may affect current service providers and introduce significant complexity into the administration, management, and provision of community substance abuse services.
- A persistent lack of residential treatment services capacity adversely affects the services system's ability to address unmet service needs.
- There are no state general funds appropriated for substance abuse prevention services; all community substance abuse prevention services are supported by federal block and competitive grants. Lack of state funds inhibits the ability of the services system to provide all of the prevention programs that are needed and would have a significant impact on the reduction of substance use disorders and their associated services costs.

# Service Area Plan

## Department Of Mental Health, Mental Retardation and Substance Abuse Services

### Community Substance Abuse Services (44501)

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#### Anticipated Changes To Service Area Products and Services

- The Department's ongoing collaborative efforts with CSBs and other stakeholders to transform the public mental health, mental retardation, and substance abuse services system will increase the need and demand for existing and new types of community substance abuse services as state hospital capacity continues to be reduced gradually while community service capacity is increased.
- There will continue to be increased emphasis on service quality through promoting technology transfer regarding evidence-based or consensus-determined best practices or standards of care. The identification and adoption of evidence-based or consensus-determined best practices will require additional resources to implement, monitor, and evaluate these practices and services in clinical treatment programs.
- New SAPT block grant requirements and the National Outcome Measures will require that CSBs offer only evidence-based prevention programs and practices, input all service data into the KIT Prevention System on a regular basis, and evaluate all services as appropriate.

#### Service Area Financial Summary

This service area is funded with 47 percent general funds and 53 percent federal funds. The federal funds are from the Substance Abuse Prevention Treatment (SAPT) grant that is passed through to community programs.

Note: The information on the following table is presented at the service area level. However, funding by fund source is actually appropriated at a higher program level. This creates the need to allocate the non-general fund amounts to the various service areas within the program level in accordance with reasonable allocation methodology. Such methodology has been applied in the presentation of these amounts.

	<u>Fiscal Year 2007</u>		<u>Fiscal Year 2008</u>	
	General Fund	Nongeneral Fund	General Fund	Nongeneral Fund
<b>Base Budget</b>	\$31,725,988	\$52,452,085	\$27,459,488	\$56,718,585
<b>Changes To Base</b>	\$10,639,367	(\$4,000,000)	\$10,639,367	(\$4,000,000)
<b>SERVICE AREA TOTAL</b>	<b>\$42,365,355</b>	<b>\$48,452,085</b>	<b>\$38,098,855</b>	<b>\$52,718,585</b>

# Service Area Plan

## Department Of Mental Health, Mental Retardation and Substance Abuse Services

### Community Substance Abuse Services (44501)

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#### Service Area Objectives, Measures, and Strategies

##### Objective 44501.01

***Implement substance abuse service initiatives that achieve the vision of a consumer-driven system of services and develop community services capacity consistent with the goals of SA services system transformation.***

The Department, its state facilities, CSBs, consumer and advocacy groups, and other stakeholders have been involved in a multi-year effort to restructure and transform the public mental health, mental retardation, and substance abuse services system to fully implement the vision of a consumer-driven system of services. These initiatives will increase consumer and family member participation and involvement, the recovery orientation of providers, and the availability of services crucial to system transformation. System transformation initiatives also will have a dramatic impact on reducing the extremely large projected capital needs identified for state hospitals operated by the Department. System transformation initiatives emphasize the flexible use of resources by CSBs within regions in collaboration with their partners to develop and implement programs that meet their unique needs and circumstances within the larger framework and goals of the vision and the Integrated Strategic Plan. A key principle in any system transformation efforts is the retention within the system of any savings from cost avoidance or cost offsets to support those efforts and encourage additional transformation activities.

##### **This Objective Supports the Following Agency Goals:**

- Fully implement self-determination, empowerment, recovery, resilience, and person-centered core values at all levels of the system through policy and practices that reflect the unique circumstances of individuals receiving MH, MR, or SA services.
- Expand and sustain services capacity necessary to provide services when and where they are needed, in appropriate amounts, and for appropriate durations.
- Align administrative and funding incentives and organizational processes to support and sustain quality consumer-focused care, promote innovation, and assure efficiency and cost-effectiveness.

##### **This Objective Has The Following Measure(s):**

###### • **Measure 44501.01.01**

***Increase in units of service delivered by the 40 CSBs for services that divert admissions from state hosp***

**Measure Type:** Output

**Measure Frequency:** Annually

**Measure Baseline:** FY 2004: 1,864 consumers receiving state facility diversion services

**Measure Target:** 5 percent increase in the number of consumers receiving state facility diversion services by the end of FY 2008

###### **Measure Source and Calculation:**

Community consumer submission and community services performance contract report information will be used to compare the baseline with the reported units of service in subsequent years to calculate the change in levels of services.

##### **Objective 44501.01 Has the Following Strategies:**

- Support CSB efforts to identify potential system efficiencies in how services are delivered and use existing resources more effectively to implement a continuum of care that reflects an ongoing assessment of the need for services, assesses readiness, facilitates engagement in treatment, and maximizes treatment completion.

# Service Area Plan

## Department Of Mental Health, Mental Retardation and Substance Abuse Services

### Community Substance Abuse Services (44501)

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- Enhance the ability of CSBs to collaborate with agencies, such as the Departments of Rehabilitative Services, Health, Corrections, and Juvenile Justice; screening and assessment taskforces; and other local partners to identify, pursue, and efficiently utilize available resources and to better serve the needs of individuals served by these agencies.
- Enhance their ability of CSBs to identify and partner with local faith-based organizations in developing their roles in the provision of SA services.
- Expand consumer and family member advocacy groups, including the Substance Abuse and Addiction Recovery Alliance (SAARA).
- Work with all CSBs and local hospitals with inpatient psychiatric beds to implement Recovery-Oriented System Indicators (ROSI) assessment annually.
- Increase crisis stabilization services for individuals with co-occurring substance use disorders and mental illnesses.
- Increase state facility diversion services, including jail-based hospital diversion programs.

#### **Objective 44501.02**

##### ***Increase the availability of evidence-based or consensus-determined best practices for SA treatment and prevention services as defined by the Co-Occurring Center for Excellence.***

The federal government has recently implemented an initiative to increase the provision of services that have been determined to be evidence-based best practices or practices that have been identified through a consensus of expert professional practitioners as best practices. This initiative is intended to increase the effectiveness, efficiency, and accountability of publicly funded substance abuse services. The Department has adopted this approach for the same reasons. Evidence-based means that the identified practice is supported by documented objective evidence of its efficacy and is described by a model that specifies the elements of the practice that must be in place to achieve the success documented by the practice model. These services are essential components of efforts to transform the public substance abuse services system, but, because of their significant potential to promote innovation and improve service quality and accountability, they are identified in a separate objective.

##### **This Objective Supports the Following Agency Goals:**

- Expand and sustain services capacity necessary to provide services when and where they are needed, in appropriate amounts, and for appropriate durations.
- Align administrative and funding incentives and organizational processes to support and sustain quality consumer-focused care, promote innovation, and assure efficiency and cost-effectiveness.
- Enhance service quality, appropriateness, effectiveness, and accountability through performance and outcomes measurement and service delivery and utilization review.

##### **This Objective Has The Following Measure(s):**

###### ● **Measure 44501.02.01**

###### ***Number of CSBs trained through the COSIG grant***

**Measure Type:** Output

**Measure Frequency:** Annually

**Measure Baseline:** FY 2005: 1 CSB trained through the COSIG grant

**Measure Target:** 11 CSBs trained through the COSIG grant by the end of FY 2008

###### **Measure Source and Calculation:**

The Department's Office of Substance Abuse Services will compile information on numbers of CSB staff receiving training.

# Service Area Plan

## *Department Of Mental Health, Mental Retardation and Substance Abuse Services*

### *Community Substance Abuse Services (44501)*

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#### **Objective 44501.02 Has the Following Strategies:**

- Encourage and support delivery of evidence-based and consensus-determined best practices that promote implementation of the Department's mission and vision through community SA services provided by CSBs.
- Implement the results of the Co-Occurring Services Integration Grant statewide (COSIG), expanding access to integrated dual-disorder treatment services for adults and adolescents with co-occurring mental illnesses and substance use (alcohol or other drug dependence or abuse) disorders.
- Provide ongoing support for the Community Consumer Submission (CCS), an automated information system that extracts information about individual consumers at each CSB, encrypts this information, and transmits it to the Department.
- Expand the implementation of evidence-based and consensus-determined best practices statewide and to increase the use of consumer outcomes for quality improvement activities.
- Support the participation of CSB prevention directors and staff in general and program-specific prevention training on evidence-based practices to assure that they are capable of conducting evidence-based prevention programs and practices.
- Assure that all evidence-based prevention programs are evaluated with program-specific evaluation tools, all evidence-based practices are evaluated with pre- and post-test evaluation instruments, and community abstinence data is submitted as required for the SAMHSA National Outcome Measures.



# Service Area Plan

## *Department Of Mental Health, Mental Retardation and Substance Abuse Services*

### *Community Mental Health Services (44506)*

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## **Service Area Background Information**

### **Service Area Description**

Community Mental Health Services funds public community mental health services provided by community services boards and behavioral health authorities, hereafter referred to as CSBs, throughout the Commonwealth. CSBs function as the single points of entry into publicly funded mental health, mental retardation, and substance abuse services in their service areas in order to provide comprehensive mental health, mental retardation, and substance abuse services within a continuum of care. CSBs also provide preadmission screening of all requests for involuntary inpatient treatment in state hospitals or other facilities. Finally, each CSB provides discharge planning for all individuals who resided or will reside in cities or counties served by the CSB before they are discharged from state hospitals. CSB responsibilities for services to consumers and for other administrative and operational requirements are identified in, reported on, and monitored through community services performance contracts negotiated annually by the Department with each CSB and associated contract reports. Several consumer-run, non-profit organizations provide a few direct services under separate contracts with the Department. Community mental health services are integrated with other direct services and supports at the local level for individuals with special needs or those receiving services from multiple agencies, including children or adolescents and their families, persons with co-occurring disorders such as mental illness and substance use (alcohol or other drug dependence or abuse) disorders, and adults or children who are hospitalized or involved in the criminal justice system. This service area also funds CSBs to support the implementation of conditional release orders, pursuant to § 19.2-182.7 of the Code of Virginia, for individuals who have been acquitted by reason of insanity.

### **Service Area Alignment to Mission**

Community mental health services align directly with the agency's mission and are required to implement the agency's vision of a consumer-driven system of services and supports that promotes consumer self-determination, empowerment, recovery, resilience, health, inclusion, and participation in all aspects of community life, including work, school, family, and other meaningful relationships. Section 37.2-100 of the Code of Virginia defines consumers as current direct recipients of public or private mental health, mental retardation, or substance abuse treatment or habilitation services.

# Service Area Plan

## Department Of Mental Health, Mental Retardation and Substance Abuse Services

### Community Mental Health Services (44506)

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#### **Service Area Statutory Authority**

Chapter 5 of Title 37.2 of the Code of Virginia authorizes the establishment and operation of community services boards (CSBs) by local governments to provide community mental health services and authorizes the Department to fund CSBs.

- § 37.2-500 authorizes the Department to provide funds to assist local governments in the provision of mental health services; it requires every city and county to establish or join a CSB; it specifies the core of services to be provided by CSBs; and it requires CSBs to function as the single points of entry into publicly funded mental health services.
- § 37.2-505 requires CSBs to provide preadmission screening and discharge planning services.
- § 37.2-508 requires the Department to negotiate the performance contracts through which it provides funds to CSBs to provide services pursuant to this chapter.
- § 37.2-509 requires the Department to allocate available state-controlled funds to CSBs for disbursement in accordance with procedures established by the Department and performance contracts approved by the Department.

Chapter 6 of Title 37.2 of the Code of Virginia authorizes the establishment and operation of a behavioral health authority (BHA) by a specified city or county to provide community mental health services and authorizes the Department to fund a BHA.

- § 37.2-601 authorizes the Department to provide funds to assist certain cities or counties in the provision of mental health services; it specifies the core of services to be provided by a BHA; and it requires a BHA to function as the single point of entry into publicly funded mental health services.
- § 37.2-606 requires a BHA to provide preadmission screening and discharge planning services.
- § 37.2-608 requires the Department to negotiate the performance contract through which it provides funds to a BHA to provide services pursuant to this chapter.
- § 37.2-611 requires the Department to allocate available state-controlled funds to a BHA for disbursement in accordance with procedures established by the Department and performance contracts approved by the Department.

Public Law 102-321 authorizes the federal Substance Abuse and Mental Health Services Administration to provide federal funds to the Department for community mental health services.

#### **Service Area Customer Base**

Customer(s)	Served	Potential
Consumers and family members receiving services from consumer-run programs, consumer and family education programs, or family-run support and education programs	2,249	5,000
Individuals with or at risk of mental illness, serious emotional disturbances served by or seeking services from CSBs	109,175	115,542

# **Service Area Plan**

## ***Department Of Mental Health, Mental Retardation and Substance Abuse Services***

### ***Community Mental Health Services (44506)***

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#### **Anticipated Changes In Service Area Customer Base**

- The 2006-2012 Comprehensive State Plan, based on statistical prevalence methodology, estimates that 298,246 Virginians have a serious mental illness and 73,877 children or adolescents have a serious emotional disturbance. While not all of these 372,123 individuals will seek services from the public sector, many of them will do so.
- The 2006-2012 Comprehensive State plan identifies 4,365 adults and 2,002 children or adolescents who are currently on waiting lists because they are not receiving needed community mental health services. Virginia's ongoing population growth will result in the need for additional community mental health services.
- Additional individuals will need services from consumer-run initiatives.
- Additional consumers and family members will need consumer and family member education and training programs to achieve the Department's vision for the services system.
- Fifty to 75 percent of all youth in detention centers have at least one diagnosable mental disorder. Currently, only five CSBs receive funding to provide joint services with juvenile detention centers. This number needs to be increased.

# Service Area Plan

## Department Of Mental Health, Mental Retardation and Substance Abuse Services

### Community Mental Health Services (44506)

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#### **Service Area Partners**

##### **Community Services Boards and Behavioral Health Authorities (CSBs):**

The Department provides state and federal funds to the 40 CSBs to support the provision of community mental health services and supports. CSBs participate in Central Office efforts to implement its mission and vision and have a voice in policy, planning, and regulatory development for the public services system.

#### **Service Area Partners**

##### **Consumers, Family Members, and Advocacy Organizations:**

Consumers, mental health advocacy organizations, and consumer and family groups provide important feedback to the Department and CSBs on service needs, services, and policy, planning, and regulatory development activity for the public services system. Some consumers and family members serve on community services boards or behavioral health authorities. Consumer-run organizations provide very valuable services and supports for mental health consumers, and some advocacy organizations provide training and education for consumers and family members.

#### **Service Area Partners**

##### **Federal Agencies:**

The Substance Abuse and Mental Health Services Administration provides grants of federal funds to the Department that support community mental health services, and it provides technical assistance to the Department and CSBs about requirements associated with the receipt of block grant funds that support the provision of community mental health services.

#### **Service Area Partners**

##### **Local Governments:**

Local governments approve their CSBs' performance contracts, which provide the basis for funding community mental health services. They also provide financial resources for those services through the local matching funds that they appropriate to their CSBs, pursuant to §§ 37.2-509 and -611 of the Code of Virginia.

#### **Service Area Partners**

##### **Other State and Local Agencies:**

Local and state agencies, such as the Departments of Medical Assistance Services, Social Services, Health, Rehabilitative Services, and Housing and Community Development, school systems, and Area Agencies On Aging, provide or fund many services or supports that are critical to the success of community mental health services. These include Medicaid mental health services, auxiliary grants for adult living facilities, Medicaid eligibility determinations, various social services, guardianship programs, health care, vocational training, and housing assistance that respond to the needs of individuals with mental illnesses or serious emotional disturbances.

#### **Service Area Partners**

##### **Private Providers (non-profit and for profit organizations):**

Private providers are critical components of the publicly funded mental health services for which CSBs function as the single points of entry. Private providers deliver a significant portion of community mental health services across the state through contracts with CSBs.

#### **Service Area Partners**

##### **Virginia Institutions of Higher Education (Colleges, Universities, and Community Colleges):**

The academic medical centers, academic programs of other colleges and universities, and community college courses offer education or training for the CSB and private provider workforce that provides community mental health services.

# **Service Area Plan**

## ***Department Of Mental Health, Mental Retardation and Substance Abuse Services***

### ***Community Mental Health Services (44506)***

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#### **Service Area Products and Service**

- State or federal funds provided by the Department also support the provision of consumer-run peer and support services and consumer and family member education and training activities conducted by CSBs and consumer and advocacy groups.
- State and federal funds provided by the Department to CSBs finance part of the expenses of community mental health services received by consumers and their families. Local matching funds and fee revenues, including Medicaid fees, also pay for the expenses of these services. Community mental health services include:
  - Emergency services, including crisis intervention and preadmission screening
  - Local acute psychiatric inpatient services
  - Outpatient services, including therapy and counseling, medication services, and intensive in-home services
  - Assertive community treatment (PACT teams and ICT programs)
  - Case management services
  - Day treatment and partial hospitalization, including therapeutic day treatment for children and adolescents
  - Rehabilitation services, including psychosocial rehabilitation programs
  - Sheltered employment
  - Group supported employment
  - Individual supported employment
  - Highly intensive residential services, such as crisis stabilization programs and residential treatment centers
  - Intensive residential services, such as group homes
  - Supervised residential services, such as supervised apartments, domiciliary care, and sponsored placements
  - Supportive residential services, such as supported living arrangements
  - Prevention services
  - Early intervention services
  - Consumer monitoring
  - Assessment and evaluation services

Core Services Taxonomy 7, issued by the Department and available on its web site at [www.dmhmr.sas.virginia.gov](http://www.dmhmr.sas.virginia.gov), defines all of these services.

# **Service Area Plan**

***Department Of Mental Health, Mental Retardation and Substance Abuse Services***

***Community Mental Health Services (44506)***

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# Service Area Plan

## Department Of Mental Health, Mental Retardation and Substance Abuse Services

### Community Mental Health Services (44506)

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#### Factors Impacting Service Area Products and Services

Several factors have affected or will impact the provision of community mental health services.

- Absent or inadequate increases in base amounts of state or federal funds to support the normal ongoing costs of providing services, such as cost-of-living increases, or address unavoidable increases in operating expenses, such as the escalating costs of existing and new psychotropic medications, have adversely affected the capacity of CSBs and private providers to maintain current levels of services. The increased costs of providing services without corresponding increases in state and federal funds will result in the provision of fewer services to fewer individuals and an increased unmet demand for services. In addition, it appears that the federal government intends to reduce the level of ongoing block grant funding that it provides to the states for community mental health services.
- The absence of adequate reimbursement rates for Medicaid State Plan Option services will continue to make it increasingly difficult to sustain essential core services offered by CSBs and private providers and will increase the demand for and reliance on CSB services that are supported only with state, local matching, or federal funds. Providers of services indicate that rate increases are absolutely necessary in order to continue to deliver services and to maintain and improve service quality. While Medicaid rates are the responsibility of the DMAS, this factor is included here because of its fundamental impact on the provision of community mental health services. Also, inadequate reimbursement rates and the resulting lack of available cost-effective community services mean consumers in some instances end up using higher cost services instead.
- Possible federal efforts to reform Medicaid could have potentially catastrophic effects on the provision of community mental health services, in terms of services covered, eligibility of individuals, and the financial impact of any Medicaid reform on other parts of the state's budget. Any additional constraints on eligibility or covered services would increase the demand for and reliance on CSB services that are supported only with state, local matching, or federal funds.
- The implementation of Part D of the Medicare program could have unintended or unknown but potentially very significant consequences on the provision of medications to consumers of community mental health services.
- Decreasing availability of qualified professionals, particularly direct care staff, makes it more difficult for CSBs and private providers to maintain or expand existing services or develop new services to address unmet demands for services or the need to adopt or develop new service modalities or approaches, such as evidenced-based practices.
- Increasingly complex and burdensome federal requirements to report treatment and prevention outcome data decrease the staff resources available to provide direct clinical services. For example, the National Outcome Measures will require CSBs to collect and report outcome measures in at least six domains: abstinence, employment or education, crime and criminal justice, stability in housing, access to services, and retention in services, with other measures in other domains now under development.
- An increasing focus at federal and state levels on improving assessment and screening of adults and adolescents with co-occurring substance use disorders and mental illnesses or serious emotional disturbances and serving them will increase the need and demand for integrated substance abuse and mental health services to treat these co-occurring disorders.
- The decreasing availability of adequate health insurance coverage for the treatment of mental illnesses and the increasing numbers of individuals without health insurance who do not qualify for Medicaid will increase the demand for services provided by CSBs that are supported with only state, local matching, or

# Service Area Plan

## Department Of Mental Health, Mental Retardation and Substance Abuse Services

### Community Mental Health Services (44506)

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federal funds.

#### Anticipated Changes To Service Area Products and Services

- The Department's ongoing collaborative efforts with CSBs and other stakeholders to transform the public mental health, mental retardation, and substance abuse services system will increase the need and demand for existing and new types of community mental health services as state hospital capacity continues to be reduced gradually while community service capacity is increased.
- As part of this transformation, CSBs and regional consortia of CSBs need to acquire the requisite capacity to manage their utilization of state facility and community inpatient psychiatric beds. This will require increased staff and infrastructure to conduct extensive and complex utilization management and review activities, but this activity will result in much more effective and efficient use of expensive and scarce state and local hospital beds.
- The identification and adoption of evidence-based or consensus-determined best practices, such as assertive community treatment, supported employment, illness management, recovery services, multi-systemic therapy, functional family therapy, and systems of care for children and adolescents with serious emotional disturbances, will require additional resources to implement, monitor, and evaluate these practices and services.

#### Service Area Financial Summary

This service area is funded with 92 percent general funds and 8 percent federal funds. The federal funds are from the Community Mental Health Services (CMHS) grant that is passed through to community programs.

Note: The information on the following table is presented at the service area level. However, funding by fund source is actually appropriated at a higher program level. This creates the need to allocate the non-general fund amounts to the various service areas within the program level in accordance with reasonable allocation methodology. Such methodology has been applied in the presentation of these amounts.

	<u>Fiscal Year 2007</u>		<u>Fiscal Year 2008</u>	
	General Fund	Nongeneral Fund	General Fund	Nongeneral Fund
<b>Base Budget</b>	\$122,045,955	\$16,577,362	\$126,312,455	\$12,310,862
<b>Changes To Base</b>	\$12,516,405	(\$5,100,000)	\$14,648,245	(\$5,100,000)
<b>SERVICE AREA TOTAL</b>	<b>\$134,562,360</b>	<b>\$11,477,362</b>	<b>\$140,960,700</b>	<b>\$7,210,862</b>



# Service Area Plan

## Department Of Mental Health, Mental Retardation and Substance Abuse Services

### Community Mental Health Services (44506)

## Service Area Objectives, Measures, and Strategies

### Objective 44506.01

***Implement mental health service initiatives that achieve the vision of a consumer-driven system of services and develop community services capacity consistent with the goals of MH services system transformation.***

The Department, its state facilities, CSBs, consumer and advocacy groups, and other stakeholders have been involved in a multi-year effort to restructure and transform the public mental health, mental retardation, and substance abuse services system to fully implement the vision of a consumer-driven system of care. These initiatives will increase consumer and family member participation and involvement, the recovery orientation of providers, and the availability of services that are crucial to system transformation. These initiatives also will assist the transition of consumers from state hospitals to community services through discharge assistance projects, support additional guardianships for consumers who need them, and enable CSBs to manage their use of state and community inpatient psychiatric beds more effectively and efficiently. System transformation initiatives also will have a dramatic impact on reducing the extremely large projected capital needs identified for state hospitals operated by the Department. System transformation initiatives emphasize the flexible use of resources by CSBs within regions in collaboration with their partners to develop and implement programs that meet their unique needs and circumstances within the larger framework and goals of the vision and the Integrated Strategic Plan. A key principle in any system transformation efforts is the retention within the system of any savings from cost avoidance or cost offsets to support those efforts and encourage additional transformation activities.

#### **This Objective Supports the Following Agency Goals:**

- Fully implement self-determination, empowerment, recovery, resilience, and person-centered core values at all levels of the system through policy and practices that reflect the unique circumstances of individuals receiving MH, MR, or SA services.
- Expand and sustain services capacity necessary to provide services when and where they are needed, in appropriate amounts, and for appropriate durations.
- Align administrative and funding incentives and organizational processes to support and sustain quality consumer-focused care, promote innovation, and assure efficiency and cost-effectiveness.

#### **This Objective Has The Following Measure(s):**

##### ● **Measure 44506.01.01**

***Increase the number of CSBs monitoring recovery orientation with the ROSI***

**Measure Type:** Output

**Measure Frequency:** Annually

**Measure Baseline:** FY 2005: 10 CSBs using the ROSI

**Measure Target:** 40 CSBs using the ROSI by the end of FY 2008

**Measure Source and Calculation:**

Compilation by the Department's Office of Mental Health of the CSBs in which the Recovery Oriented System Indicator (ROSI) score has been administered.

#### **Objective 44506.01 Has the Following Strategies:**

# Service Area Plan

## Department Of Mental Health, Mental Retardation and Substance Abuse Services

### Community Mental Health Services (44506)

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- Expand targeted community-based capacity as a result of the new transformation initiative statewide to include, but not limited to, discharge assistance planning, inpatient mental health treatment, in-home residential support, jail-based hospital diversion projects, psychiatric evaluation, crisis counseling and expanded case management services.
- Increase community capacity in Northwestern, Northern, and Eastern Virginia through new transformation initiative services (e.g., discharge assistance planning, inpatient mental health treatment, in-home residential support, crisis stabilization and other related mental health services) intended to delay or deter admission to and allow replacement of Western State Hospital and Eastern State Hospital.
- Increase community capacity and numbers of individuals served through crisis intervention and stabilization services.
- Encourage and support delivery of evidence-based and consensus-determined best practices that promote implementation of the Department's mission and vision through community MH services provided by CSBs and peer operated programs.
- Provide ongoing support for the Community Consumer Submission (CCS), an automated information system that extracts information about individual consumers at each CSB, encrypts this information, and transmits it to the Department.
- Provide funds for additional discharge assistance plans for long-term civil patients and patients found not guilty by reason of insanity who have extraordinary barriers to discharge for state mental health facilities.
- Expand consumer, family member, parent and advocacy statewide networks, including Virginia Organization of Consumers Asserting Leadership (VOCAL), National Alliance for the Mentally Ill of Virginia (NAMI-VA), Mental Health Association of Virginia (MHA-V), and the Family Support Coalition (FSC).
- Expand Consumer Empowerment and Leadership Training (CELT), including Advanced CELT training
- Expand Virginia Human Service Training Program (VHST), including post-training networking and support for graduates.
- Expand Recovery Education and Creative Healing (REACH) program to teach illness management and recovery skills to consumers.
- Support essential components of the system of care for serving children and adolescents through additional demonstration projects focusing on evidence-based practices, for children and adolescents with or at risk of serious emotional disturbance.
- Implement the results of the Co-Occurring Services Integration Grant statewide (COSIG), expanding access to integrated dual-disorder treatment services for individuals with co-occurring mental illnesses and substance use (alcohol or other drug dependence or abuse) disorders.
- Work with all CSBs and local hospitals with inpatient psychiatric beds to implement Recovery-Oriented System Indicators (ROSI) assessment annually.
- Enhance the delivery of mental health services to incarcerated individuals to reduce demand for secure forensic treatment provided in state hospitals and to prevent re-hospitalization of individuals returned to incarceration following inpatient evaluation and treatment.
- Increase peer operated services and supports to help prevent crises and support long-term recovery of individuals who need these services.

# **Service Area Plan**

## ***Department Of Mental Health, Mental Retardation and Substance Abuse Services***

### ***Community Mental Health Services (44506)***

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- Provide community-based Restoration to Competency to Stand Trial services to the courts for nonviolent offenders not needing state hospital treatment.
- Develop community placement alternatives for individuals found NGRI that provide a higher level of support and services access, thereby decreasing the need for prolonged and more restrictive hospitalization.
- Expand the number of communities that have collaborative MH and juvenile justice projects beyond the five existing projects.
- Support CSB efforts to acquire the staff expertise and infrastructure to conduct thorough utilization management and review of the psychiatric inpatient services that they use in state hospitals or purchase from local hospitals.

# Service Area Plan

## Department Of Mental Health, Mental Retardation and Substance Abuse Services

### Community Mental Retardation Services (44507)

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#### Service Area Background Information

##### Service Area Description

Community Mental Retardation Services funds public community mental retardation services provided by community services boards and behavioral health authorities, hereafter referred to as CSBs, throughout the Commonwealth. CSBs function as the single points of entry into publicly funded mental health, mental retardation, and substance abuse services in their service areas in order to provide comprehensive mental health, mental retardation, and substance abuse services within a continuum of care. CSBs also provide preadmission screening of all requests for admission to training centers. Finally, each CSB provides discharge planning for all individuals who resided or will reside in cities or counties served by the CSB before they are discharged from training centers. CSB responsibilities for services to consumers and for other administrative and operational requirements are identified in, reported on, and monitored through community services performance contracts negotiated annually by the Department with each CSB and associated contract reports. Community mental retardation services are integrated with other direct services and supports at the local level for individuals with special needs, those receiving services from multiple agencies, and individuals with co-occurring disorders such as mental retardation and mental illness or mental retardation and substance use (alcohol or other drug dependence or abuse) disorders.

This service area also funds Part C early intervention services for infants and toddlers provided through contracts with local interagency coordinating councils (LICCs) across Virginia. These councils include representatives from a variety of agencies, including CSBs, serving infants and toddlers eligible for services under the Part C program. LICCs provide federally required information about Part C services to the Department through the Infants and Toddlers Online Tracking System (iTOTS).

##### Service Area Alignment to Mission

Community mental retardation and Part C services align directly with the agency's mission and are required to implement the agency's vision of a consumer-driven system of services and supports that promotes consumer self-determination, empowerment, recovery, resilience, health, inclusion, and participation in all aspects of community life, including work, school, family, and other meaningful relationships. Section 37.2-100 of the Code of Virginia defines consumers as current direct recipients of public or private mental health, mental retardation, or substance abuse treatment or habilitation services.

# Service Area Plan

## ***Department Of Mental Health, Mental Retardation and Substance Abuse Services***

### ***Community Mental Retardation Services (44507)***

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#### **Service Area Statutory Authority**

Chapter 5 of Title 37.2 of the Code of Virginia authorizes the establishment and operation of community services boards (CSBs) by local governments to provide community mental retardation services and authorizes the Department to fund CSBs.

- § 37.2-500 authorizes the Department to provide funds to assist local governments in the provision of mental retardation services; it requires every city and county to establish or join a CSB; it specifies the core of services to be provided by CSBs; and it requires CSBs to function as the single points of entry into publicly funded mental retardation services.
- § 37.2-505 requires CSBs to provide preadmission screening and discharge planning services.
- § 37.2-508 requires the Department to negotiate the performance contracts through which it provides funds to CSBs to provide services pursuant to this chapter.
- § 37.2-509 requires the Department to allocate available state-controlled funds to CSBs for disbursement in accordance with procedures established by the Department and performance contracts approved by the Department.

Chapter 6 of Title 37.2 of the Code of Virginia authorizes the establishment and operation of a behavioral health authority (BHA) by a specified city or county to provide community mental retardation services and authorizes the Department to fund a BHA.

- § 37.2-601 authorizes the Department to provide funds to assist certain cities or counties in the provision of mental retardation services; it specifies the core of services to be provided by a BHA; and it requires a BHA to function as the single point of entry into publicly funded mental retardation services.
- § 37.2-606 requires a BHA to provide preadmission screening and discharge planning services.
- § 37.2-608 requires the Department to negotiate the performance contract through which it provides funds to a BHA to provide services pursuant to this chapter.
- § 37.2-611 requires the Department to allocate available state-controlled funds to a BHA for disbursement in accordance with procedures established by the Department and performance contracts approved by the Department.

Chapter 53 of Title 2.2 of the Code of Virginia establishes the Early Intervention Services System to implement Part C of the Individuals with Disabilities Education Act (20 U.S.C. § 1431 et seq.) and describes the lead agency's responsibilities. The Department is the lead agency and provides funds to local interagency coordinating councils (LICCs), which coordinate the provision of local early intervention services.

Part C of the Individuals with Disabilities Education Act (20 U.S.C. § 1431 et seq.) and 34 CFR 303.303.11-325 under the Individuals with Disabilities Education Act authorize the state to implement a statewide, comprehensive, coordinated, multidisciplinary, interagency system of early intervention services for infants and toddlers with disabilities and their families. The federal Office of Special Education Programs provides federal funds to the Department, as the lead state agency for the Part C program, for these early intervention services.

The Nursing Home Reform provisions of the Omnibus Budget Reconciliation Act of 1987 allow for preadmission screening evaluations and determinations for OBRA eligibility.

# Service Area Plan

## Department Of Mental Health, Mental Retardation and Substance Abuse Services

### Community Mental Retardation Services (44507)

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#### Service Area Customer Base

Customer(s)	Served	Potential
Children with mental retardation who need family support services	2,000	5,000
Individuals served by nursing homes with mental retardation who are recipients of OBRA services	190	650
Individuals served by the CSBs with mental retardation who are not eligible for MR Waiver or Part C early intervention services	10,147	11,147
Individuals with mental retardation in community programs who need guardians	0	200
Individuals with mental retardation served by or seeking services from CSBs	23,925	29,099
Individuals with mental retardation who need dental and other therapeutic services not currently available	418	10,000
Infants and toddlers and their families served in Part C early intervention services	8,605	14,000

# Service Area Plan

## ***Department Of Mental Health, Mental Retardation and Substance Abuse Services***

### ***Community Mental Retardation Services (44507)***

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#### **Anticipated Changes In Service Area Customer Base**

- The 2006-2012 Comprehensive State Plan, based on statistical prevalence methodology, estimates that 67,477 Virginians who are 6 years old and older have mental retardation. An estimated 18,116 young children who are from 0 to 5 years old have developmental delays requiring early intervention services. While not all of these 85,593 individuals or their families will seek services from the public sector, many will do so.
- The 2006-2012 Comprehensive State Plan identifies 5,174 individuals who are currently on waiting lists because they are not receiving needed community MR services. Virginia's ongoing population growth will result in the need for additional community MR services.
- Growth in community services has resulted from funding approved in the 2004 and 2005 sessions of the General Assembly to reduce the Medicaid MR Waiver community waiting lists and return 160 persons from state training centers to the community through this Waiver. This change in status from being either unserved in the community or served through the training center alone increased the number of MR Waiver recipients by 860, most of whom are receiving multiple services. In addition, the waiting list for community-based services and supports will grow by approximately 500 new persons. Pressures to increase the capacity and quality of community-based services will continue. All of these individuals receive Medicaid targeted case management from CSBs, the only providers of this service approved by the Department of Medical Assistance Services (DMAS). Although services for these individuals are funded by the DMAS, they are among the consumers served by CSBs and are included in the Department's customer basetable.
- Approximately 2,000 students graduate annually from special education classes and need community MR services. An additional 460 persons in nursing homes need services under OBRA; 190 individuals are currently receiving OBRA services.
- While many of the individuals with MR served by CSBs are enrolled in Medicaid and are receiving MR Waiver services, CSBs also serve many other individuals with mental retardation who are not enrolled in Medicaid and their families. Slightly more than 10,000 consumers received services from CSBs in FY 2004 that were not covered by the MR Waiver or Part C (early intervention services). However, in the 2006-2008 biennium, at least another 1,000 individuals who are not eligible for the MR Waiver or Part C will need services. In addition, there are children with mental retardation who do not qualify for Medicaid MR Waiver living at home with their families who need support and services to continue living at home. Family support services would keep these families intact, reducing the need for costly out-of-home placements. These populations are expected to grow over the biennium.
- CSBs also serve a large number of infants and toddlers in programs funded by LICCs through the Part C program. The number of infants and toddlers is expected to grow over the biennium as a result natural population growth, better outreach and case finding efforts, and enhanced Part C child find activities.

# Service Area Plan

## *Department Of Mental Health, Mental Retardation and Substance Abuse Services*

### *Community Mental Retardation Services (44507)*

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#### **Service Area Partners**

##### **Community Services Boards and Behavioral Health Authorities (CSBs):**

The Department provides state funds to the 40 CSBs to support the provision of community mental retardation services and supports. CSBs participate in Central Office efforts to implement its mission and vision and have a voice in policy, planning, and regulatory development for the public services system.

#### **Service Area Partners**

##### **Consumers, Family Members, and Advocacy Organizations:**

Consumers, mental retardation advocacy organizations, and consumer and family groups such as the Arc of Virginia, Parents and Associates of the Institutionalized Retarded (PAIR), and the Partnership for People with Disabilities provide important feedback to the Department and CSBs on service needs, services, and policy, planning, and regulatory development activity for the public services system. Some consumers and family members serve on community services boards or behavioral health authorities.

#### **Service Area Partners**

##### **Federal Agencies:**

The Office of Special Education Services in the Department of Education provides grants of federal funds to the Department that support Part C early intervention services for infants and toddlers and their families, and the office provides technical assistance to the Department and LICCs about requirements associated with the receipt of grant funds that support the provision of these services.

#### **Service Area Partners**

##### **Local Governments:**

Local governments approve their CSBs' performance contracts, which provide the basis for funding community mental retardation services. They also provide financial resources for those services through the local matching funds that they appropriate to their CSBs, pursuant to §§ 37.2-509 and -611 of the Code of Virginia.

#### **Service Area Partners**

##### **Other State and Local Agencies:**

Local and state agencies, such as the Departments of Medical Assistance Services (DMAS), Social Services, Health, Rehabilitative Services, and Housing and Community Development, school systems, and area agencies on aging provide or fund many services or supports that are critical to the success of community mental retardation services. These include Medicaid MR Waiver services, auxiliary grants for adult living facilities, Medicaid eligibility determinations, various social services, guardianship programs, health care, vocational training, and housing assistance that respond to the needs of individuals with mental retardation. Many of these agencies also participate in Part C LICCs and provide services to infants and toddlers in Part C services.

#### **Service Area Partners**

##### **Private Providers (for profit and non-profit organizations):**

Private providers are critical components of the publicly funded mental retardation services for which CSBs function as the single points of entry. Private providers deliver a significant portion of community mental retardation services across the state through contracts with CSBs. Many private providers also deliver substantial amounts of Medicaid MR Waiver services directly to consumers, pursuant to individualized plans of care developed and approved by CSBs, and all of these consumers receive Medicaid targeted case management services from CSBs. Private providers also offer important feedback to the Department and CSBs on service needs, services, and policy, planning, and regulatory development activity for the public services system through organizations like the Virginia Network of Private Providers and vaACCESS.

#### **Service Area Partners**



# Service Area Plan

## ***Department Of Mental Health, Mental Retardation and Substance Abuse Services***

### ***Community Mental Retardation Services (44507)***

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#### **Virginia Institutions of Higher Education (Colleges, Universities, and Community Colleges):**

The academic medical centers, academic programs of other colleges and universities, and community college courses offer education or training for the CSB and private provider workforce that provides community mental retardation services.

#### **Service Area Products and Service**

- State funds provided by the Department to CSBs finance part of the expenses of the community mental retardation services received by consumers and their families. Local matching funds and fee revenues, including Medicaid fees, also pay for the expenses of these services. Community mental retardation services include:

- Outpatient services, including behavioral management and consultation and medication services
- Case management services
- Habilitation services
- Sheltered employment
- Group supported employment
- Individual supported employment
- Highly intensive residential services, such as community ICF/MR programs
- Intensive residential services, such as group homes
- Supervised residential services, such as supervised apartments, domiciliary care, and sponsored placements
- Supportive residential services, such as in-home respite care and supported living arrangements
- Prevention services
- Early intervention services
- Consumer monitoring
- Assessment and evaluation services
- Medicaid targeted case management and MR Waiver services reimbursed by the DMAS

Core Services Taxonomy 7, issued by the Department and available on its web site at [www.dmhmrzas.virginia.gov](http://www.dmhmrzas.virginia.gov), defines all of these services.

- State and federal funds provided by the Department to local interagency coordinating councils (LICC)s pay the expenses for early intervention services for infants and toddlers under the Part C program. Part C early intervention services for infants and toddlers and their families include: audiology, family training, counseling and home visits, health, medical, nursing, nutrition, occupational therapy, physical therapy, special instruction, psychological, speech-language pathology, vision, and transportation services.

# Service Area Plan

## Department Of Mental Health, Mental Retardation and Substance Abuse Services

### Community Mental Retardation Services (44507)

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#### Factors Impacting Service Area Products and Services

Several factors have affected or will impact the provision of community mental retardation services.

- Absent or inadequate increases in base amounts of state funds to support the normal ongoing costs of providing services, such as cost-of-living increases, or address unavoidable increases in operating expenses have adversely affected the capacity of CSBs and private providers to maintain current levels of services. The increased costs of providing services without corresponding increases in state funds will result in the provision of fewer services to fewer individuals and an increased unmet demand for services
- The absence of adequate reimbursement rates for Medicaid MR Waiver services will continue to make it increasingly difficult to sustain essential core services offered by CSBs and private providers and will increase the demand for and reliance on CSB services that are supported only with state or local matching funds. Providers of services indicate that rate increases are absolutely necessary in order to continue to deliver services and to maintain and improve service quality. While Medicaid rates are the responsibility of the DMAS, this factor is included here because of its fundamental impact on the provision of community mental retardation services. Also, inadequate reimbursement rates and the resulting lack of available cost-effective community services mean consumers in some instances end up using higher cost services instead.
- Possible federal efforts to reform Medicaid could have potentially catastrophic effects on the provision of community mental retardation services, in terms of services covered, eligibility of individuals, and the financial impact of any Medicaid reform on other parts of the state's budget. Any additional constraints on eligibility or covered services would increase the demand for and reliance on CSB services that are supported only with state or local funds.
- The implementation of Part D of the Medicare program could have unintended or unknown, but potentially very significant, consequences on the provision of medications to consumers of community mental retardation services.
- Decreasing availability of qualified professionals, particularly direct care staff, make it more difficult for CSBs and private providers to maintain or expand existing services or develop new services to address unmet demands for services, to deliver quality services, to maintain the most challenging persons in the community, or to develop new service modalities or approaches, such as evidenced-based practices. For example, there is a growing need for community-based practitioners of positive behavioral supports. A better trained and a more stable direct care work force is a critical need throughout the state at all service levels.
- An increasing focus at federal and state levels on improving assessment and screening of adults and adolescents with co-occurring mental retardation and mental illnesses or mental retardation and substance use disorders and serving them will increase the need and demand for integrated substance abuse and mental health services to treat these co-occurring disorders.
- The inability to communicate HIPPA-sensitive information electronically between the Department and all providers slows processes of service authorization and incident reporting.

# Service Area Plan

## Department Of Mental Health, Mental Retardation and Substance Abuse Services

### Community Mental Retardation Services (44507)

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#### Anticipated Changes To Service Area Products and Services

- The Department's ongoing collaborative efforts with CSBs and other stakeholders to transform the public mental health, mental retardation, and substance abuse services system will increase the need and demand for existing and new types of community mental retardation services as state training center capacity continues to be reduced gradually while community service capacity is increased.
- The identification and adoption of evidence-based best practices will require additional resources to implement, monitor, and evaluate these practices and services.
- Changes in the infrastructure from a more facility-based system of care to a system of more community services and supports will continue to cause dramatic increases in the number of licensed providers of community mental retardation services. This increase in new providers and emerging evidence-based practices will require increased training of personnel in order to maintain minimum standards of quality.

#### Service Area Financial Summary

This service area is funded with 72 percent general funds and 28 percent federal funds. The federal funds are from the Program for Infants and Toddlers with Disabilities (Early Intervention) grant that is passed through to community programs.

Note: The information on the following table is presented at the service area level. However, funding by fund source is actually appropriated at a higher program level. This creates the need to allocate the non-general fund amounts to the various service areas within the program level in accordance with reasonable allocation methodology. Such methodology has been applied in the presentation of these amounts.

	<u>Fiscal Year 2007</u>		<u>Fiscal Year 2008</u>	
	General Fund	Nongeneral Fund	General Fund	Nongeneral Fund
Base Budget	\$14,328,488	\$0	\$14,328,488	\$0
Changes To Base	\$46,216,882	\$23,608,172	\$52,056,987	\$28,915,277
<b>SERVICE AREA TOTAL</b>	<b>\$60,545,370</b>	<b>\$23,608,172</b>	<b>\$66,385,475</b>	<b>\$28,915,277</b>

# Service Area Plan

## Department Of Mental Health, Mental Retardation and Substance Abuse Services

### Community Mental Retardation Services (44507)

## Service Area Objectives, Measures, and Strategies

### Objective 44507.01

***Implement mental retardation service initiatives that achieve the vision of consumer-driven system of services and develop community services capacity consistent with the goals of MR services system transformation.***

The Department, its state facilities, CSBs, consumer and advocacy groups, and other stakeholders have been involved in a multi-year effort to restructure and transform the public mental health, mental retardation, and substance abuse services system to fully implement the vision of a consumer-driven system of care. These initiatives will increase consumer and family member participation and involvement, the self-determination orientation of providers, and the availability of services crucial to system transformation. These initiatives also will assist in the transition of consumers from state training centers to community services through funding start up costs for MR Waiver placements and support of guardianships for consumers who need them. System transformation initiatives also will have a dramatic impact on reducing the extremely large projected capital needs identified for training centers operated by the Department. System transformation initiatives emphasize the flexible use of resources by CSBs within regions in collaboration with their partners to develop and implement programs that meet their unique needs and circumstances within the larger framework and goals of the vision and the Integrated Strategic Plan. A key principle in any system transformation efforts is the retention within the system of any savings from cost avoidance or cost offsets to support those efforts and encourage additional transformation activities.

#### **This Objective Supports the Following Agency Goals:**

- Fully implement self-determination, empowerment, recovery, resilience, and person-centered core values at all levels of the system through policy and practices that reflect the unique circumstances of individuals receiving MH, MR, or SA services.
- Expand and sustain services capacity necessary to provide services when and where they are needed, in appropriate amounts, and for appropriate durations.
- Align administrative and funding incentives and organizational processes to support and sustain quality consumer-focused care, promote innovation, and assure efficiency and cost-effectiveness.

#### **This Objective Has The Following Measure(s):**

- **Measure 44507.01.01**

***Level of consumer and family member participation***

**Measure Type:** Output                      **Measure Frequency:** Annually

**Measure Baseline:** FY 2005: 16 percent consumer and family participation on the MR Special Populations Workgroup

**Measure Target:** 20 percent increase in family participation on the MR Special Populations Workgroup by the end of FY 2008

**Measure Source and Calculation:**

Annual survey results will be compared with baseline data to calculate the change in the level of consumer and family member participation.

#### **Objective 44507.01 Has the Following Strategies:**

# **Service Area Plan**

## ***Department Of Mental Health, Mental Retardation and Substance Abuse Services***

### ***Community Mental Retardation Services (44507)***

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- Work with the Department of Medical Assistance Services to support the approval and funding of additional Mental Retardation Home and Community-Based Waiver slots for individuals currently residing in the community who are at risk of placement in a mental retardation training center.
- Work with the Department of Medical Assistance Services to support the approval and funding of additional Mental Retardation Home and Community-Based Waiver slots for individuals currently residing at Southeastern Virginia Training Center and Central Virginia Training Center to be placed in the community.
- Expand Part C early intervention services provided for infants and toddlers (ages 0 through 3) and their families to prevent or alleviate later developmental and learning problems.
- Work with the Department of Medical Assistance Services to increase community capacity and numbers of individuals served as a result of increased reimbursement rates paid to providers delivering services through the Mental Retardation Home and Community-Based Waiver
- Support the costs of provider start up activities necessary to implement new Mental Retardation Home and Community-Based Waiver slots, particularly involving congregate living arrangements.
- Expand the number of guardianships for individuals who require substitute decision makers in order to facilitate their transition from state training centers to community services or to enable them to receive services for which informed consent is required in community programs.
- Work with consumer, family member, parent and advocacy organizations to identify opportunities to support greater consumer and family member participation, including educational and training opportunities, mentoring activities, and increasing accessibility of meetings and activities through providing logistical support.

# Service Area Plan

## Department Of Mental Health, Mental Retardation and Substance Abuse Services

### Facility Administrative and Support Services (49800)

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## Service Area Background Information

### Service Area Description

Facility Administrative and Support Services consist of general management and direction, computer services, food and dietary services, housekeeping services, linen and laundry services, physical plant services, power plant operations, and training and education services. These functions support the overall mission of each state hospital and training center. Facility administration and support services provide the foundation for the provision of quality mental health and mental retardation services in an inpatient environment.

### Service Area Alignment to Mission

Facility Administrative and Support Services support the mission of the Department by providing the administrative framework that promotes quality patient or resident care in a safe and clean environment. Each of the components of this service area accomplishes this in a different way but the general focus is the same regardless of the support service.

General management and direction and computer services activities support quality inpatient care by providing leadership, assuring compliance with administrative and financial requirements, and supporting an overall facility environment that is safe and conducive to quality treatment or habilitation.

Food and dietary services, housekeeping services, and laundry and linen services provide for an environment that is safe, sanitary, and healthy for patients or residents and facility staff.

Physical plant services and power plant services serve to provide a safe and healthy environment by ensuring that buildings are free of dangerous hazards and comfortably heated and cooled, and by ensuring that preventive maintenance is performed on a regular basis.

Training and education services ensure that all facility staff are properly trained and possess the latest tools for providing quality care to patients and residents.

All of these functions, taken together, serve to help the Department achieve its vision of consumer-focused services and supports that promote consumer self-determination, empowerment, recovery, resilience, health, inclusion, and participation in all aspects of community life.

### Service Area Statutory Authority

Chapter 3 of Title 37.2 of the Code of Virginia establishes the Department of Mental Health, Mental Retardation and Substance Abuse Services.

- § 37.2-304 outlines the duties of the Commissioner, including supervising and managing the Department and its state facilities, including facility administrative and support services.

Chapter 7 of Title 37.2 of the Code of Virginia authorizes the Department to perform certain functions related to the operation of state facilities, including facility administrative and support services.

- § 37.2-703 authorizes the Commissioner to prescribe a system of records, accounts, and reports of how money is received and disbursed and of consumers admitted to or residing in each state facility;

- § 37.2-704 authorizes the Commissioner to receive and expend social security and other federal payments for consumers in state facilities; and

- §§ 37.2-717 through 37.2-721 direct the Department to investigate and determine which consumers or parents, guardians, conservators, trustees, or other persons legally responsible for consumers are financially able to pay for care; to assess or contract with such individuals to recover expenses; and to pursue payment of such expenses.

# Service Area Plan

## Department Of Mental Health, Mental Retardation and Substance Abuse Services

### Facility Administrative and Support Services (49800)

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#### **Service Area Customer Base**

<b>Customer(s)</b>	<b>Served</b>	<b>Potential</b>
Adults served in state hospitals	4,873	5,628
Children and adolescents served in state hospitals	658	760
Individuals meeting SVP criteria and civilly committed to the Virginia Center for Behavioral Rehabilitation (VCBR)	16	57
Individuals served in state training centers	1,658	1,608
Individuals with active criminal justice system involvement who require secure forensic services	1,110	10,000
Patients at Hiram Davis Medical Center	167	184
Senior adults (65 and older) receiving services in state hospitals	548	749
State facility employees	9,000	9,000

#### **Anticipated Changes In Service Area Customer Base**

- The development of more community services may decrease state facility census and may lessen the demand for facility administrative and support services.

# Service Area Plan

## *Department Of Mental Health, Mental Retardation and Substance Abuse Services*

### *Facility Administrative and Support Services (49800)*

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#### **Service Area Partners**

##### **Community Services Boards:**

Community services boards serve as the single point of entry into the publicly funded mental health, mental retardation and substance abuse services system in Virginia. In some facilities, CSBs operate programs on facility campuses.

#### **Service Area Partners**

##### **Department of Accounts:**

This agency provides accounting and processing services for each facility along with policy guidance, financial reporting guidance and payroll expertise. Each facility performs its own accounting and finance functions, but relies upon the Department of Accounts to serve as its policy arm.

#### **Service Area Partners**

##### **Department of General Services:**

This agency provides guidance regarding facility physical plant services and building maintenance.

#### **Service Area Partners**

##### **Department of Health:**

This agency provides overall sanitation standards and regulates these standards particularly as they relate to facility food services operations.

#### **Service Area Partners**

##### **Department of Human Resource Management:**

This agency provides policy guidance to Human Resource officers at each facility.

#### **Service Area Partners**

##### **Department of Medical Assistance Services:**

This agency provides reimbursement to each facility for Medicaid eligible patients or residents. Medicaid reimbursement accounts for 43 percent of the state facility budgets.

#### **Service Area Partners**

##### **Department of Planning and Budget:**

The Department of Planning and Budget provides budget planning and finance expertise to the Department overall and each facility. This technical relationship helps the facility to achieve its mission.

#### **Service Area Partners**

##### **Department of Rehabilitative Services:**

This agency provides guidelines for addressing accessibility issues in state facility buildings.

#### **Service Area Partners**

##### **DMHMRSAS Central Office:**

The Central Office provides oversight and internal auditing functions related to all state facilities. It also provides reimbursement services involving the billing and collection of third party reimbursement. This revenue represents a large part of most state facility budgets.

#### **Service Area Partners**

##### **Other Regulatory Agencies:**

These include agencies such as the Department of Environmental Quality (boiler inspections) and the local Fire Marshall (building safety).



# **Service Area Plan**

## ***Department Of Mental Health, Mental Retardation and Substance Abuse Services***

### ***Facility Administrative and Support Services (49800)***

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#### **Service Area Products and Service**

- Administrative leadership and regulatory compliance
- Information technology support
- Food services for state facility patients and residents
- Housekeeping services to ensure a clean and safe environment
- Linen and laundry services
- Physical plant services, including building maintenance and support and the provision of safety for state facility patients and residents and employees
- Power plant operations to ensure that all buildings are properly heated and cooled for the well being of state facility patients and residents and facility employees
- Training and education services to ensure that all staff are well trained at all times

#### **Factors Impacting Service Area Products and Services**

- The workforce of state facilities is aging just as the state workforce in general. This is particularly true of the facility workforce for facilities in rural areas where staff turnover is less than in more urban areas. Recruitment and retention of the facility workforce of the future will be a challenge.
- New requirements in Governor's Executive Orders and changes in regulations from external agencies such as DOA, DHRM, DPB, DGS, and additional workload requirements, often unfunded, from federal or state agencies could affect state facility administrative and support services. Changes in the Departments regulations related to human rights also could affect state facility administrative and support services.
- Individuals with more complex and severe medical disabilities will place additional demands on facility support services such as special diets, additional laundry services, more frequent housekeeping, and specialized safety and security.
- Changes in economic conditions affecting the Commonwealth may limit the ability of facilities to hire the number of staff needed to accomplish the objectives of the service.
- Facility administrative and support services also may be affected by the rapidly changing healthcare environment, annual increases in health care costs, facility relationships with VITA and implementation of technological changes such as the electronic health record, and future potential outsourcing of state facility administrative and support functions.
- Facility building renovation needs driven by building code changes and aging capital equipment also could affect facility administrative and support functions.

#### **Anticipated Changes To Service Area Products and Services**

- Other than the potential privatization of specific services, no major changes in state facility administrative and support services are anticipated.

# Service Area Plan

## Department Of Mental Health, Mental Retardation and Substance Abuse Services

### Facility Administrative and Support Services (49800)

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#### **Service Area Financial Summary**

This service area is funded with 49 percent general funds and 51 percent non-general funds. Non-general funds are derived from the collection of fees from Medicaid, Medicare, private insurance, private payments, and Federal entitlement programs related to indirect services costs of patient care. Less than one-half percent of total non-general funds are federal grant funds for the National School Lunch, National School Breakfast, and the Virginia Department of Agriculture and Consumer Services Federal Food Distribution programs.

	<u>Fiscal Year 2007</u>		<u>Fiscal Year 2008</u>	
	General Fund	Nongeneral Fund	General Fund	Nongeneral Fund
<b>Base Budget</b>	\$63,814,124	\$76,072,131	\$63,814,124	\$76,072,131
<b>Changes To Base</b>	\$13,389,481	\$2,850,134	\$13,389,481	\$2,850,134
<b>SERVICE AREA TOTAL</b>	<b>\$77,203,605</b>	<b>\$78,922,265</b>	<b>\$77,203,605</b>	<b>\$78,922,265</b>

# Service Area Plan

## Department Of Mental Health, Mental Retardation and Substance Abuse Services

### Facility Administrative and Support Services (49800)

## Service Area Objectives, Measures, and Strategies

### Objective 49800.01

***Provide efficient and effective administration and support to inpatient services provided within each state hospital and training center.***

Efficient and effective administration and support services must be in place if state facilities are to provide quality services in a safe and healthy environment.

#### **This Objective Supports the Following Agency Goals:**

- Align administrative and funding incentives and organizational processes to support and sustain quality consumer-focused care, promote innovation, and assure efficiency and cost-effectiveness.
- Assure that services system infrastructure and technology efficiently and appropriately meet the needs of individuals receiving publicly funded MH, MR, and SA services and supports.
- Obtain sufficient numbers of professional, direct care, administrative, and support staff with appropriate skills and expertise to deliver quality care.

#### **This Objective Has The Following Measure(s):**

##### ● **Measure 49800.01.01**

***Adhere to Prompt Payment Act requirements***

**Measure Type:** Outcome

**Measure Frequency:** Quarterly

**Measure Baseline:** FY 2005: 95 percent compliance across all state facilities

**Measure Target:** 95 percent compliance across all state facilities through the end of FY 2008

**Measure Source and Calculation:**

Information provided in Department of Accounts quarterly compliance reports

#### **Objective 49800.01 Has the Following Strategies:**

- Continue to adhere to Prompt Payment Act, small purchase care usage, Payline participation, direct deposit participation regulatory and compliance requirements.
- Comply with all HIPAA requirements.
- Adhere to Health Department regulations pertaining to state facility food services operations, overall sanitation, and cleanliness.
- Adhere to all safety regulations as prescribed by the local Fire Marshall pertaining to building safety.
- Adhere to all safety regulations as prescribed by the Department of Environmental Quality pertaining to boiler inspections.
- Procure equipment so that proper facility maintenance and support activities occur and safety and effective services are not compromised.

# Service Area Plan

## Department Of Mental Health, Mental Retardation and Substance Abuse Services

### Administrative and Support Services (49900)

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## Service Area Background Information

### Service Area Description

The Department of Mental Health, Mental Retardation and Substance Abuse Services (the Department), through its Central Office functions, provides leadership, strategic and policy direction, and comprehensive and strategic planning to implement the vision of services and supports that promote consumer self-determination, empowerment, recovery, resilience, health, inclusion, and participation in all aspects of community life throughout the Commonwealth's publicly funded mental health, mental retardation, and substance abuse services system. It oversees the operation of the nine state hospitals, five training centers, one medical center, and one residential treatment program for sexually violent predators. It provides general guidance and technical assistance to, negotiates contracts with, and funds the 40 community services boards. It protects the human rights of consumers in services licensed, operated, or funded by the Department. It provides financial management and controls for all state and federal funds appropriated to and allocated through the Department, defines performance measures for the public services system, conducts program and financial audits, and performs other quality and compliance assurance activities. It performs workforce development planning and provides and funds training and skill development required for a competent professional, direct care, and administrative and support workforce. It also coordinates terrorism and disaster behavioral health preparedness, response, and recovery activities.

The Central Office administers three programs:

- A Juvenile Competency Restoration Program that directly provides in the greater Richmond area and contracts with public and private providers elsewhere for competency evaluations and treatment services to restore competency to stand trial of juveniles under criminal charge in Juvenile and Domestic Relations courts;
- A community-based Conditional Release program for individuals who have been found by the courts to be sexually violent predators but who do not need secure residential care; and
- The Pre-Admission Screening and Resident Review process pursuant to the Nursing Home Reform provisions of OBRA 87.

### Service Area Alignment to Mission

Central Office administrative and support services are required to meet the operational needs of the Department and to implement the agency's vision of services and supports that promote consumer self-determination, empowerment, recovery, resilience, health, inclusion, and participation in all aspects of community life, including work, school, family, and other meaningful relationships.

# Service Area Plan

## ***Department Of Mental Health, Mental Retardation and Substance Abuse Services***

### ***Administrative and Support Services (49900)***

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#### **Service Area Statutory Authority**

Chapter 2 of Title 37.2 of the Code of Virginia establishes the State Mental Health, Mental Retardation and Substance Abuse Services Board.

- § 37.2-200 authorizes the employment of a secretary to assist in the Board's administrative duties; and
- § 37.2-202 outlines the powers and duties of the Board, which include establishing programmatic and fiscal policies governing the operations of state facilities and community services boards (CSBs), adopting regulations, ensuring development of long-range programs and plans for mental health, mental retardation, and substance abuse services, ensuring development of public education programs, reviewing and commenting on Department budget requests, advising the Governor, Commissioner, and General Assembly, and ensuring that the Department assumes the responsibility for providing for education and training of school-age consumers in state facilities.

Chapter 3 of Title 37.2 of the Code of Virginia establishes the Department of Mental Health, Mental Retardation and Substance Abuse Services.

- § 37.2-300 establishes the Department in the executive branch under the supervision and management of the Commissioner;
- § 37.2-304 outlines the duties of the Commissioner;
- § 37.2-306 directs the Commissioner to promote research into the causes of mental illness, mental retardation, and substance abuse throughout the Commonwealth;
- § 37.2-308 directs the Department to report data related to child and adolescent inpatient acute care psychiatric and residential treatment beds;
- §§ 37.2-309 through 37.2-311 prescribes powers and duties of the Department related to substance abuse, including the establishment of an Office of Substance Abuse Services;
- § 37.2-314 directs the Department to conduct background checks of state facility employees;
- § 37.2-315 directs the Department to develop and biennially update a six-year Comprehensive State Plan for mental health, mental retardation, and substance abuse services;
- § 37.2-316 directs the Commissioner to establish community consensus and planning teams for system restructuring in instances where a state hospital may be closed or converted to another use; and
- §§ 37.2-318 and 37.2-319 establish the Mental Health, Mental Retardation, and Substance Abuse Services Trust Fund and outline the responsibilities of the Commissioner to administer the fund.

Chapter 4 of Title 37.2 of the Code of Virginia describes the protections available to consumers of mental health, mental retardation, and substance abuse services, including their human rights.

- § 37.2-400 defines the human rights of consumers and the regulatory responsibilities of the Department to protect these rights; and
- § 37.2-402 directs the Commissioner to report on human research projects.

Chapter 5 of Title 37.2 of the Code of Virginia authorizes the Department to fund community services boards (CSBs) to provide community mental health, mental retardation, and substance abuse services.

- § 37.2-500 authorizes the Department to provide funds to assist local governments in the provision of mental health, mental retardation, and substance abuse services.
- § 37.2-508 requires the Department to negotiate the performance contracts through which it provides funds to CSBs and provides for performance monitoring by the Department of CSBs' compliance with their contracts.
- § 37.2-509 requires the Department to allocate available state-controlled funds to CSBs.

Chapter 6 of Title 37.2 of the Code of Virginia authorizes the Department to fund a behavioral health authority (BHA) to provide community mental health, mental retardation, and substance abuse services.

- § 37.2-601 authorizes the Department to provide funds to assist certain cities or counties in the provision of

# Service Area Plan

## ***Department Of Mental Health, Mental Retardation and Substance Abuse Services***

### ***Administrative and Support Services (49900)***

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mental health, mental retardation, and substance abuse services.

- § 37.2-608 requires the Department to negotiate the performance contract through which it provides funds to a BHA and provides for performance monitoring by the Department of a BHA's compliance with its contract.
- § 37.2-611 requires the Department to allocate available state-controlled funds to a BHA.

Chapter 7 of Title 37.2 of the Code of Virginia authorizes the Department to perform certain functions related to the operation of state hospitals and training centers (state facilities).

- § 37.2-700 authorizes the Commissioner to determine the need for and design of any new state facility, to construct any new building at an existing state facility, and to employ architects and other experts or hold competitions for plans and designs for such purposes;
- § 37.2-701 authorizes the Commissioner to examine the condition of state facilities operated by the Department;
- § 37.2-703 authorizes the Commissioner to prescribe a system of records, accounts, and reports of how money is received and disbursed and of consumers admitted to or residing in each state facility;
- § 37.2-704 authorizes the Commissioner to receive and expend social security and other federal payments for consumers in state facilities;
- § 37.2-707 authorizes the Commissioner to employ state facility directors;
- § 37.2-711 authorizes the Department and state facilities to exchange consumer-specific information for former and current consumers with CSBs to monitor the delivery, outcome, and effectiveness of services;
- §§ 37.2-717 through 37.2-721 direct the Department to investigate and determine which consumers or parents, guardians, conservators, trustees, or other persons legally responsible for consumers are financially able to pay for care; to assess or contract with such individuals to recover expenses; and to pursue payment of such expenses.

Chapter 26 of Title 2.2 of the Code of Virginia establishes the Substance Abuse Services Council as an advisory council in the executive branch of state government.

- § 2.2-2690 and 2.2-2691 establish the Substance Abuse Services Council to coordinate the Commonwealth's public and private efforts to control substance abuse, require the Office of Substance Abuse Services of the Department of Mental Health, Mental Retardation, and Substance Abuse Services to provide staff assistance to the Council, and require a Comprehensive Interagency State Plan.

Chapter 53 of Title 2.2 of the Code of Virginia establishes the Early Intervention Services System to implement Part C of the Individuals with Disabilities Education Act (20 U.S.C. § 1431 et seq.) and describes the lead agency's responsibilities. The Department is the lead agency.

# Service Area Plan

## Department Of Mental Health, Mental Retardation and Substance Abuse Services

### Administrative and Support Services (49900)

#### Service Area Customer Base

Customer(s)	Served	Potential
Community services boards and behavioral health authority (CSBs)	40	30
Department of Corrections inmates meeting criteria as sexually violent predators (SVP) and eligible at release for SVP civil commitment	5	57
Juveniles requiring restoration to competency treatment services	83	104
Licensed providers of MH, MR, and SA services and developmental disability waiver services (including CSBs, other public, and private providers)	2,703	3,095
Members of committees and councils established or required by state or federal statutes or regulations staffed and supported by Department central office staff	525	525
Members, State Mental Health, Mental Retardation and Substance Abuse Services Board	9	9
Nursing homes	152	324
State hospitals and training centers	16	16
Virginia criminal courts, including Juvenile and Domestic Relations Courts	120	120

#### Anticipated Changes In Service Area Customer Base

- The Central Office will continue to strengthen its relationships with its customers. The major anticipated change in the customer base for this service area is the significant increase in the number of private providers and service locations. This increase will affect the agency's ability to protect the human rights of consumers receiving services.
- Possible legislative action to lower the initial eligibility screening score for sexually violent predators has the potential for doubling the number of civil commitments to conditional release.
- Increases in annualized targeted training of judges and attorneys and fees paid to court-appointed attorneys have the potential to expand the number of juveniles for whom the Commissioner has been court-ordered to arrange the provision of juvenile competency restoration services.

# Service Area Plan

## Department Of Mental Health, Mental Retardation and Substance Abuse Services

### Administrative and Support Services (49900)

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#### **Service Area Partners**

##### **Commitment Review Committee (CRC):**

Central Office Conditional Release program staff serves on this committee, which is run by the Department of Corrections. The Department of Corrections screens SVP-eligible inmates for CRC review. The CRC reviews these cases and sends forward to the Office of the Attorney General those appropriate for SVP civil commitment.

#### **Service Area Partners**

##### **Community Services Boards and Behavioral Health Authority (CSBs):**

The Central Office allocates state and federal funds to the 40 CSBs to support the provision of community mental health, mental retardation, and substance abuse services and supports. The CSBs serve as the single point of entry into the publicly funded mental health, mental retardation, and substance abuse services system. The Commissioner enters into contracts with CSBs to provide juvenile competency evaluation and restoration services. CSBs participate in Central Office efforts to implement its mission and vision and have a voice in policy, planning, and regulatory development for the services system.

#### **Service Area Partners**

##### **Consumers, Family Members, and Advocacy Organizations:**

The Central Office meets with mental health, mental retardation, and substance abuse advocacy organizations, and consumer and family groups to address issues of mutual concern. These organizations participate in Central Office efforts to implement its mission and vision and have a voice in policy, planning, and regulatory development for the services system.

#### **Service Area Partners**

##### **Federal Agencies:**

The Central Office meets federal requirements associated with the receipt of block grants and other resources that support the provision of mental health, mental retardation, and substance abuse services and for the development of services system capacity and technology.

#### **Service Area Partners**

##### **Local Governments:**

Because they establish CSBs, local governments have an important relationship with the Central Office through the CSBs. Local governments approve their CSBs' performance contracts that provide the basis for funding the CSBs. They also provide financial resources to the CSBs to match state funds, and, in some instances, may provide administrative services that are essential to CSBs' efficient operation

#### **Service Area Partners**

##### **Private Providers (for profit and non-profit organizations):**

The Commissioner enters into contracts with private providers to provide juvenile restoration services and conduct post restoration evaluations of juvenile competency. Also through contracts with the Department, private community providers deliver sexually violent predator treatment, supervision, and monitoring services. The Central Office works with private providers to ensure that they meet human rights requirements. Private providers also participate in Central Office efforts to implement its mission and vision and have a voice in policy, planning, and regulatory development for the services system

#### **Service Area Partners**

##### **Provider Associations:**

The Central Office meets with provider associations to address issues of mutual concern. These associations participate in Central Office efforts to implement its mission and vision and have a voice in policy, planning, and regulatory development for the services system.

#### **Service Area Partners**



# **Service Area Plan**

## ***Department Of Mental Health, Mental Retardation and Substance Abuse Services***

### ***Administrative and Support Services (49900)***

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#### **State and Local Agencies:**

The Central Office collaborates closely with state and local agencies, including public safety, education, health care, vocational training, social services, and housing assistance agencies, which provide or fund a range of supports that respond to the needs of individuals with mental illnesses, mental retardation, or substance use disorders. Agency representatives participate in Central Office efforts to implement its mission and vision and have a voice in policy, planning, and regulatory development for the services system.

#### **Service Area Partners**

##### **Virginia Institutions of Higher Education (Colleges, Universities, and Community Colleges):**

The academic medical centers, academic programs of other colleges and universities, and community colleges work with the Central Office to collaboratively address workforce issues, to promote the implementation of evidence-based and other promising practices, and to train the services system's existing and emerging workforce. The Institute of Law, Psychiatry, and Public Policy at the University of Virginia provides training for juvenile and adult forensic evaluators, individuals who conduct preadmission screening for admission to state hospitals and local psychiatric units and hospitals, and for SVP civil commitment.

# Service Area Plan

## Department Of Mental Health, Mental Retardation and Substance Abuse Services

### Administrative and Support Services (49900)

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#### Service Area Products and Service

- Policy, Legislation, Strategic and Comprehensive Plans, and Studies:
  - State Board and operational and programmatic policies, regulations, and guidance documents
  - Legislative analysis, proposal development, and studies
  - Strategic, comprehensive, and continuity of operations plans
  - Consumer surveys;
  - Staff support to Boards and Councils established in State Code or by Federal requirements
- Consumer Protections:
  - Human Rights investigations and reports
  - Criminal background checks for prospective employees of state facilities and certain community programs
- Services System and Program Development and Oversight:
  - Training and technical assistance and general guidance to CSBs, state facilities, and providers
  - Performance Contracts with CSBs that fund services
  - Medicaid MR Waiver pre-authorization of services
  - Nursing home pre-admission screening and resident reviews (PASRR)
  - Terrorism and disaster preparedness, response, and recovery operations
  - Compilation and analysis of service data and quality indicators
  - Grant application development and implementation of grant-funded projects
  - Quality assurance reports
- Agency Operations:
  - Financial management, reporting, and allocation and disbursement of state and federal funds
  - Development of Central Office contracts and business agreements
  - Revenue collection
  - Internal audits, audits of data and reports, and compliance reviews
  - Information technology systems development and support
  - Workforce management, recruitment, training, and development
  - Risk management and HIPAA compliance
  - General support services for Central Office operations (mail, parking, procurement)
- Management of the SVP Conditional Release Program:
  - Development of conditional release safety and treatment plans
  - Training to expand community treatment capacity
  - Recruitment, training, and management for community conditional release treatment teams
- Supervision of the Juvenile Competency Restoration Program:
  - Juvenile Forensic Evaluation and Juvenile Competency Restoration procedures
  - Arrangements for Competency to Stand Trial restoration treatment services
  - Administration of fee for services contracts with CSBs and private providers
  - Technical assistance, training, supervision, oversight, and general guidance to services providers
  - Quality assurance and compilation of service data and quality indicators

# Service Area Plan

## Department Of Mental Health, Mental Retardation and Substance Abuse Services

### Administrative and Support Services (49900)

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#### Factors Impacting Service Area Products and Services

- The average age of the Central Office workforce is just under 52 years old and the average length of Central Office employees' state service is almost 18 years. Almost 15 percent of Central Office employees will be eligible to retire in the next five years. This level of turnover, especially in key positions, could significantly affect Central Office operations.
- New requirements in Governor's Executive Orders and changes in regulations from external agencies such as DOA, DHRM, DPB, DGS, and VITA. Additional workload requirements, often unfunded, from federal or state agencies could affect Central Office administrative and support services.
- Changes in economic conditions affecting the Commonwealth may limit the ability of the central office to hire the number of staff needed to accomplish the objectives of the service.
- Central office administrative and support services also may be affected by new federal performance measurement requirements and the implementation of VITA's standards for production application information technology systems.
- Consumers and advocacy group issues also could affect Central Office operational priorities, strategic and comprehensive planning, and policy and regulatory development activities.

#### Anticipated Changes To Service Area Products and Services

Administrative and support services have become more complex over the years as the services system has expanded, Virginia's behavioral health industry has changed, and new services technologies and medications have been introduced. The scope and complexity of Central Office funding also has expanded significantly as federal funding opportunities have been pursued and as state funds have been increasingly earmarked for specific initiatives and individualized services. This is expected to continue.

#### Service Area Financial Summary

This service area is funded with 73 percent general funds and 27 percent non-general funds. About 97 percent of the non-general funds are federal funds appropriated for administrative oversight functions within federal grants including the Community Mental Health Services (CMHS) grant and Substance Abuse Prevention Treatment (SAPT) block grant. The remaining non-general funds are from the collection of fees from Medicaid, Medicare, private insurance, private payments, and Federal entitlement programs related to indirect services costs of patient care.

	<u>Fiscal Year 2007</u>		<u>Fiscal Year 2008</u>	
	General Fund	Nongeneral Fund	General Fund	Nongeneral Fund
<b>Base Budget</b>	\$23,348,510	\$12,533,548	\$23,348,510	\$12,533,548
<b>Changes To Base</b>	\$701,818	(\$3,500,000)	\$1,836,061	(\$3,500,000)
<b>SERVICE AREA TOTAL</b>	<b>\$24,050,328</b>	<b>\$9,033,548</b>	<b>\$25,184,571</b>	<b>\$9,033,548</b>

# Service Area Plan

## Department Of Mental Health, Mental Retardation and Substance Abuse Services

### Administrative and Support Services (49900)

## Service Area Objectives, Measures, and Strategies

### Objective 49900.01

***Promote the implementation of self-determination, empowerment, recovery and resilience principles and practices across the Commonwealth's system of mental health, mental retardation, and substance abuse services.***

A priority of the Central Office is to transform Virginia's publicly funded mental health, mental retardation, and substance abuse services system to fully realize self-determination, empowerment, recovery, resilience, and person-centered core values. Successful transformation requires the inclusion, participation, and partnerships of consumers and families in daily operations at all levels of the services system. Through its leadership, administrative and operational processes, planning, regulations, and policies, the Central Office will proactively work to eliminate stigma; revamp existing services and structures and invest in new recovery and resilience-oriented services and supports; promote interagency partnerships and interagency systems of care at the state and community levels; enhance consumer and family skills in making informed choices about their lives and their services; and increase opportunities for consumer and family participation.

#### **This Objective Supports the Following Agency Goals:**

- Fully implement self-determination, empowerment, recovery, resilience, and person-centered core values at all levels of the system through policy and practices that reflect the unique circumstances of individuals receiving MH, MR, or SA services.
- Align administrative and funding incentives and organizational processes to support and sustain quality consumer-focused care, promote innovation, and assure efficiency and cost-effectiveness.

#### **This Objective Has The Following Measure(s):**

##### ● **Measure 49900.01.01**

***Number participating in wellness recovery planning and consumer empowerment and leadership training***

**Measure Type:** Outcome

**Measure Frequency:** Annually

**Measure Baseline:** FY 2005: 141 training participants

**Measure Target:** 175 participants trained annually through the end of FY 2008

**Measure Source and Calculation:**

Quarterly progress reporting to the Department's Office of Mental Health Services based on project work plans.

#### **Objective 49900.01 Has the Following Strategies:**

- Implement an educational campaign to create awareness and improve understanding of consumer-driven, recovery and resilience-oriented and person-centered core values and principles.
- Increase the number of consumers and family members who participate in education, leadership skills development, and wellness and recovery training.
- Increase the number of consumers and family members participating on Central Office planning or program committees or councils.
- Work with the Department of Medical Assistance Services to implement recovery and resilience practices in Medicaid mental health, mental retardation, and substance abuse service policies and expand opportunities for individual and family participation in individual-directed services.

# Service Area Plan

## Department Of Mental Health, Mental Retardation and Substance Abuse Services

### Administrative and Support Services (49900)

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#### **Objective 49900.02**

***Implement administrative, planning and development, financial management, and regulatory functions that support the provision of effective and efficient services and protect the human rights of consumers of MH, MR, and SA services.***

The Central Office provides stewardship in the use of funding, human resources, and capital infrastructure across the public services system to assure that services and supports are delivered in a manner that is efficient, cost-effective, and consistent with best and promising practices. As such, the Central Office must:

- Initiate financial management and internal controls to demonstrate compliance with federal and state statutory and regulatory requirements;
- Conduct program reviews to monitor service provider accomplishment of defined performance expectations and consumer outcomes and to promote quality improvement;
- Offer workforce development and training activities to provide leadership, technical, and collaboration (team) skills and expertise in the provision of evidence-based and effective services and supports; and
- Carry out architectural and engineering planning, design, and contracting activities to support maintenance, renovation, and, where necessary, rebuilding of state facility buildings that are safe, adequate, and appropriate to the needs of consumers.

The Central Office also implements an internal human rights system to protect the rights of consumers.

#### **This Objective Supports the Following Agency Goals:**

- Align administrative and funding incentives and organizational processes to support and sustain quality consumer-focused care, promote innovation, and assure efficiency and cost-effectiveness.
- Assure that services system infrastructure and technology efficiently and appropriately meet the needs of individuals receiving publicly funded MH, MR, and SA services and supports.
- Obtain sufficient numbers of professional, direct care, administrative, and support staff with appropriate skills and expertise to deliver quality care.
- Enhance service quality, appropriateness, effectiveness, and accountability through performance and outcomes measurement and service delivery and utilization review.

#### **This Objective Has The Following Measure(s):**

##### ● **Measure 49900.02.01**

***Number of Central Office and state facility staff participating in high performance leadership training***

**Measure Type:** Output

**Measure Frequency:** Every Six Months

**Measure Baseline:** FY 2005: 38 participants in high performance leadership training

**Measure Target:** 100 participants in high performance leadership training by the end of FY 2008

**Measure Source and Calculation:**

The Department's Office of Human Services Management and Development will maintain and compile the number of central office and state facility staff participating in high performance leadership training.

#### **Objective 49900.02 Has the Following Strategies:**

- Adopt and promote evidence-based, best, and promising practices that are effective, demonstrate positive outcomes, and promote recovery, resilience, and person-centered principles and practices.

# Service Area Plan

## Department Of Mental Health, Mental Retardation and Substance Abuse Services

### Administrative and Support Services (49900)

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- Implement a statewide master capital outlay plan for the renovation or replacement of state hospitals and training centers consistent with the vision of a transformed system of care.
- Implement regulations to ensure that the human rights of consumers receiving services in public and private mental health, mental retardation, and substance abuse services licensed, funded, or operated by the Department are protected.
- Design and implement a system for collecting, monitoring, and using performance and outcome measures to evaluate services system transformation implementation activities.
- Maintain the monitoring capacity at the Central Office to ensure the compliance with federal and state statutes, regulations, directives, contractual obligations, and funding requirements to improve service quality and accountability.
- Provide ongoing support for the Community Consumer Submission (CCS), an automated information system that extracts information about individual consumers at each CSB, encrypts this information, and transmits it to the Department.
- Study and analyze the financial impact of Medicare Part D on the public mental health, mental retardation, and substance abuse system.
- Provide resources for the Community Integration Oversight Advisory Committee.
- Provide, through the Juvenile Restoration Program, juvenile competency forensic evaluation and competency restoration services in the least restrictive environments permitted by the courts, thereby eliminating unnecessary psychiatric hospitalizations.
- Plan and conduct two training sessions for individuals and groups interested in providing Conditional Release treatment and monitoring to sexually violent predator clients.
- Provide funding necessary to renovate food service equipment for designated state hospitals and training centers.
- Fund the appropriate CO infrastructure to support Central Office Administrative and Support activities.
- Provide disaster preparedness, crisis counseling and all hazards disaster response and recovery training, assistance, and support to the Central Office, state facilities and CSBs.
- Provide high performance organization leadership training to staff in the Central Office and state facilities.
- Implement training and other learning opportunities that develop provider skills necessary to meet the needs of the most challenging consumers, including individuals with co-occurring disabilities.
- Explore potential public-academic partnerships with Virginia universities, colleges, and community colleges to provide scholarships, fellowships, and other incentives to increase the number of students interested in and the skill level of hard-to-fill professional and direct care positions.
- Promote and increase the Central Office's utilization of E-procurement and products and services provided by small businesses and businesses owned by women or minorities.
- Investigate all possibilities of additional revenue collection.
- Establish training and consultative relationships with the CSBs, the Department of Criminal Justice Services, the Board of Corrections, and the local and regional jails for program planning, case coordination, and discharge planning purposes.
- Consult with the Virginia Board of Corrections regarding the need to expand upon the current MH standards set by that body for local and regional jails.

# **Service Area Plan**

## ***Department Of Mental Health, Mental Retardation and Substance Abuse Services***

### ***Administrative and Support Services (49900)***

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- Work with the Department of Corrections to establish state-of-the-art correctional MH and SA treatment programs for affected inmates.
- Develop and implement an enhanced cross-training program for key players in both the mental health and criminal justice services communities.
- Develop a statewide multi-agency approach toward planning and providing a model pharmacy and drug formulary program that will ensure the use of best practices in selecting the range and types of medications used by medical providers in the jails and prisons.
- Work with the Office of the Executive Secretary of the Supreme Court to increase Criminal Fund resources to provide community-based forensic evaluations.

# Service Area Plan

## Department Of Mental Health, Mental Retardation and Substance Abuse Services

### Regulation of Health Care Service Providers (56103)

## Service Area Background Information

### Service Area Description

Regulation of Public Facilities and Services involves licensing of mental health, mental retardation, substance abuse services, developmental disability waiver services, and residential brain injury services through 15 licensing specialists, two regional managers, a director, and a management program technician. The Department licenses all new services, renews licenses, conducts annual unannounced inspections in all services, investigates all complaints, reviews reports of serious injuries and deaths, and initiates negative action, including sanctions and revocations, against providers. It ensures applicants who become licensed meet and maintain adherence to standards of health, safety, service provision, and consumer rights while they continue operating. This is accomplished by issuing licenses, conducting annual unannounced monitoring of providers and investigating complaints about providers. It also provides information to the public about licensed providers and enforces regulations which promote health and safety for both individuals using the services and the surrounding community and preparation by providers for emergencies and disasters.

### Service Area Alignment to Mission

Regulation of Public Facilities and Services supports the Departments mission of promoting quality services that are safe and healthy, respect human rights, and conducive to providing treatment to individuals that promote consumer self determination, empowerment, recovery, resilience, inclusion, and participation.

### Service Area Statutory Authority

Chapter 2 of Title 37.2 of the Code of Virginia establishes the State Mental Health, Mental Retardation and Substance Abuse Services Board.

- § 37.2-202 outlines the powers and duties of the Board, which include establishing programmatic and fiscal policies governing the operations of state facilities and community services boards (CSBs) and adopting regulations, for example, licensing regulations.

Chapter 4 of Title 37.2 of the Code of Virginia describes the protections available to consumers of mental health, mental retardation, and substance abuse services, including the Department's licensing of providers.

- §§ 37.2-404 through 37.2-422 give the Commissioner authority to grant licenses and define regulatory responsibilities of the Department to implement this responsibility.

### Service Area Customer Base

Customer(s)	Served	Potential
Citizens who make complaints about licensed providers that result in investigations	300	321
Licensed providers of MH, MR, and SA services and developmental disability waiver services (including CSBs, other public, and private providers)	2,703	3,095

### Anticipated Changes In Service Area Customer Base

The Department will become responsible for licensing residential brain injury services in FY 2006. The major anticipated change in the customer base for this service area is the significant increase in the number of private providers and service locations licensed by the Department. This increase will affect the agency's ability to protect the human rights of consumers receiving services and to assure these programs meet licensing requirements. The increase of licensed providers in FY2005 was around 7 percent.



# Service Area Plan

## *Department Of Mental Health, Mental Retardation and Substance Abuse Services*

### *Regulation of Health Care Service Providers (56103)*

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#### **Service Area Partners**

##### **Community Services Boards and Behavioral Health Authority (CSBs):**

The Department's licensing function regulates CSBs and works with CSBs to revise and streamline licensing processes.

#### **Service Area Partners**

##### **Consumers, Family Members, and Advocacy Organizations:**

The Department's licensing function shares and receives information with and from mental health, mental retardation, substance abuse, developmental disability, and brain injury advocacy organizations and consumer and family groups to address issues of mutual concern.

#### **Service Area Partners**

##### **Local Governments:**

The Department's licensing function works with local zoning, fire, health, taxation, social services, and Comprehensive Services Act officials to implement regulations and share information.

#### **Service Area Partners**

##### **Private Providers (for profit and non-profit organizations):**

The Department's licensing function works with private providers to ensure that they meet licensing and human rights requirements. Private providers participate in the licensing function's efforts to implement the Department's mission and vision and have a voice in policy, planning, and regulatory development for the services system.

#### **Service Area Partners**

##### **Provider Associations:**

The Department's licensing function works with provider associations to address issues of mutual concern.

#### **Service Area Partners**

##### **State and Local Agencies:**

The Department's licensing function collaborates closely with state and local agencies that provide, fund, or regulate a range of services and supports, including health care, education, vocational training, social services, and housing assistance, that respond to the needs of individuals with mental illnesses, mental retardation, substance use disorders, developmental disabilities, or brain injuries. Representatives of these agencies participate in the licensing function's efforts to implement the Department's mission and vision and have a voice in policy, planning, and regulatory development for the services system.

#### **Service Area Products and Service**

- Issue new licenses and renew licenses for mental health, mental retardation, and substance abuse services and, developmental disability and waiver services providers
- Conduct unannounced monitoring of licensed services
- Perform complaint investigations of licensed services
- Maintain data on serious injuries and deaths in services
- Perform revocation and sanction actions against licensed services
- Provide information to the public about licensed providers
- Verify payment sources (Department of Medical Assistance Services, insurance payers, Department of Social Services) that a provider is licensed
- Train applicants to become licensed

# Service Area Plan

## Department Of Mental Health, Mental Retardation and Substance Abuse Services

### Regulation of Health Care Service Providers (56103)

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#### Factors Impacting Service Area Products and Services

Several major factors affect Regulation of Public Facilities and Services products and services:

- New or revised federal and state statutes and regulatory or funding requirements;
- Funding of new services;
- Licensing staffing levels and competitive pressures affecting recruitment and retention of new staff;
- Consumers and advocacy group issues;
- Information technologies; and
- Media or community attention to licensed services as a result of serious incidents or community concerns.

#### Anticipated Changes To Service Area Products and Services

- The Department's licensing activities will increase as the number of providers of mental health, mental retardation, substance abuse, developmental disability waiver, and brain injury services continues to grow. The Central Office will issue more licenses and will conduct more licensing and human rights related investigations. To increase efficiency, the Central Office will establish a centralized call center for human rights and licensing complaints.
- A joint legislative study of child and adult group homes may result in increased demands on licensing services in terms of monitoring, sanctions, and negative actions.
- Increased focus on community services may increase likelihood of investigations by VOPA or the media, which affects and generally increase licensing monitoring activities.

#### Service Area Financial Summary

This service area is funded with 78 percent general funds and 22 percent non-general funds. Non-general funds are derived from the collection of fees from Medicaid, Medicare, private insurance, private payments, and Federal entitlement programs related to indirect services costs of patient care.

	<u>Fiscal Year 2007</u>		<u>Fiscal Year 2008</u>	
	<u>General Fund</u>	<u>Nongeneral Fund</u>	<u>General Fund</u>	<u>Nongeneral Fund</u>
<b>Base Budget</b>	\$1,250,475	\$400,000	\$1,250,475	\$400,000
<b>Changes To Base</b>	\$264,904	\$34,224	\$264,904	\$34,224
<b>SERVICE AREA TOTAL</b>	<b>\$1,515,379</b>	<b>\$434,224</b>	<b>\$1,515,379</b>	<b>\$434,224</b>

# Service Area Plan

## Department Of Mental Health, Mental Retardation and Substance Abuse Services

### Regulation of Health Care Service Providers (56103)

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## Service Area Objectives, Measures, and Strategies

### Objective 56103.01

#### ***Increase the number of licensing inspections in residential settings.***

Residential settings have the potential for considerable risk to vulnerable consumers and require greater frequency of monitoring and oversight

#### **This Objective Supports the Following Agency Goals:**

- Align administrative and funding incentives and organizational processes to support and sustain quality consumer-focused care, promote innovation, and assure efficiency and cost-effectiveness.

#### **This Objective Has The Following Measure(s):**

- **Measure 56103.01.01**

##### ***Number of residential program inspections***

**Measure Type:** Output

**Measure Frequency:** Annually

**Measure Baseline:** FY 2004: 826 unannounced residential inspections

**Measure Target:** 10 percent increase in the number of residential inspections by the end of FY 2008

**Measure Source and Calculation:**

Department's Office of Licensing Information System reports

#### **Objective 56103.01 Has the Following Strategies:**

- Monitor the frequency of residential inspections.
- Renew all licenses within six month of expiration.
- Identify work assignment strategies to ensure residential inspections are made and licenses are issued in response to workload demands, vacancies, and emergencies.
- Establish a centralized call center for human rights and licensing complaints.
- Add three inspector positions to meet statutory licensing requirements for providers of mental health, mental retardation, substance abuse, developmental disability, and brain injury services.

# Service Area Plan

## Department Of Mental Health, Mental Retardation and Substance Abuse Services

### Facility and Community Programs Inspection and Monitoring (78701)

## Service Area Background Information

### Service Area Description

The Office of the Inspector General for Mental Health, Mental Retardation & Substance Abuse Services (OIG) inspects, monitors, reviews, and makes recommendations to the Governor and General Assembly regarding the quality of services provided in facilities operated by the Department of Mental Health, Mental Retardation and Substance Abuse Services (the Department) and by providers as defined in 37.2-4-4 through 37.2-422 that are licensed by the Department. These include hospitals as defined in 32.1-123, community services boards and behavioral health authorities as defined in 37.2-100, and licensed private providers.

### Service Area Alignment to Mission

The OIG is an office in the Office of the Governor and therefore has its own mission. It is the mission of the Office of the Inspector General to serve as a catalyst for improving the quality, effectiveness, and efficiency of services for people whose lives are affected by mental illness, mental retardation, or substance use disorders.

### Service Area Statutory Authority

Chapter 4 of Title 37.2 of the Code of Virginia establishes the Office of the Inspector General for Mental Health, Mental Retardation and Substance Abuse Services.

- §§ 37.2-423 through 37.2-425 create and outline the powers and duties of the Office of the Inspector General and specify the reports required of the Inspector General.

### Service Area Customer Base

Customer(s)	Served	Potential
Governor (Office of the Inspector General Reports)	1	1
Members of the General Assembly (Office of the Inspector General Reports)	140	140

### Anticipated Changes In Service Area Customer Base

None

# Service Area Plan

## *Department Of Mental Health, Mental Retardation and Substance Abuse Services*

### *Facility and Community Programs Inspection and Monitoring (78701)*

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#### **Service Area Partners**

##### **Consumers and Family Members:**

The OIG routinely invites consumers and family members to make input to the design of the OIG's work. Consumers are invited from time to time to serve as members of the OIG inspection teams.

#### **Service Area Partners**

##### **Department of Mental Health, Mental Retardation and Substance Abuse Service Office of Human Rights (OHR):**

The OHR oversees the human rights protection system in the state facilities and licensed community programs and conducts investigations of human rights complaints. The OIG coordinates any work involving human rights with the OHR to prevent duplication of effort and to obtain information when needed.

#### **Service Area Partners**

##### **Department of Mental Health, Mental Retardation and Substance Abuse Service Office of Licensing:**

The OIG coordinates work with the Licensing Office to avoid duplication of effort and to obtain information when needed.

#### **Service Area Partners**

##### **Office of the Secretary of Health & Human Resources:**

The Secretary of Health and Human Resources oversees the work of the Department of Mental Health, Mental Retardation, and Substance Abuse Services. The OIG keeps the Secretary informed about the work of the office and seeks input from the Secretary as OIG plans are developed.

#### **Service Area Partners**

##### **Public and Private Providers:**

The OIG routinely invites input to the design of OIG projects from the CSBs, state facilities, and other providers.

#### **Service Area Partners**

##### **Virginia Office of Protection and Advocacy (VOPA):**

The OIG and VOPA utilize information generated by both agencies to enhance the information available to both agencies.

#### **Service Area Products and Service**

- Reports including findings and recommendations regarding the quality of services that result from inspections of facilities operated by and programs licensed by the Department.
- Investigations of complaints regarding abuse, neglect, and quality of services.
- Consultation to state facilities and licensed programs regarding compliance with OIG recommendations.
- Review of Department instructions and regulations.
- Support to the Office of the Governor and the General Assembly, as requested.

# Service Area Plan

## Department Of Mental Health, Mental Retardation and Substance Abuse Services

### Facility and Community Programs Inspection and Monitoring (78701)

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#### Factors Impacting Service Area Products and Services

- The federal Department of Justice (DOJ) expects ongoing compliance by the state facilities with DOJ-VA settlement agreements.
- The gradual downsizing of state facilities and increase in the severity and complexity of consumers' needs.
- The shift of care for many consumers with severe disabilities to the community and an increase in the number of community-based public and private providers.
- Limited staffing with which to carry out the responsibilities established in the Code of Virginia.

#### Anticipated Changes To Service Area Products and Services

The Office of the Governor has approved a Community Services Inspection Pilot Project for FY 2006 that will enable the OIG to begin assessing community based services for the first time. The OIG will conduct inspections and reviews of licensed community-based programs operated by community services boards and private providers.

The OIG will begin to focus more inspections of state facilities on topical areas that enable a targeted look at specific functional areas rather than broad-based reviews of the facilities.

#### Service Area Financial Summary

This service area is funded with 68 percent general funds and 32 percent non-general funds. Non-general funds are derived from the collection of fees from Medicaid, Medicare, private insurance, private payments, and Federal entitlement programs related to indirect services costs of patient care.

	<u>Fiscal Year 2007</u>		<u>Fiscal Year 2008</u>	
	General Fund	Nongeneral Fund	General Fund	Nongeneral Fund
Base Budget	\$468,990	\$160,658	\$468,990	\$160,658
Changes To Base	(\$130,624)	\$0	(\$130,624)	\$0
SERVICE AREA TOTAL	\$338,366	\$160,658	\$338,366	\$160,658

# Service Area Plan

## Department Of Mental Health, Mental Retardation and Substance Abuse Services

### Facility and Community Programs Inspection and Monitoring (78701)

## Service Area Objectives, Measures, and Strategies

### Objective 78701.01

***Assess the quality of services provided by state facilities and licensed providers and make recommendations for improvement.***

In order to make recommendations for improving the quality of services provided by state facilities and licensed providers, the OIG must develop and implement methods that will enable a thorough assessment of the service providers. It is through inspections and reviews that the quality of services delivery is assessed.

This service is called for in section 37.2-423 through 37.2-425 of the Code of Virginia. In addition, this objective aligns with these state's long-term objectives: Objective 4 - Be recognized as the best-managed state in the nation. Objective 5 - Inspire and support Virginians toward healthy lives and strong and resilient families. It also aligns with the mission of the OIG.

### This Objective Has The Following Measure(s):

#### ● Measure 78701.01.01

***Percentage of state facilities at which inspections or reviews are conducted***

**Measure Type:** Output

**Measure Frequency:** Annually

**Measure Baseline:** FY 2005: 100 percent of state facilities inspected or reviewed

**Measure Target:** 100 percent review rate annually through the end of FY 2008

**Measure Source and Calculation:**

Total number of state facilities at which inspections or reviews are conducted divided by the total number of facilities

#### ● Measure 78701.01.02

***Number of inspections/reviews conducted in the system of `licensed programs.***

**Measure Type:** Output

**Measure Frequency:** Annually

**Measure Baseline:** FY 2005: 0 inspections (with the exception of a pilot project)

**Measure Target:** 2 inspections or reviews annually through FY 2008

**Measure Source and Calculation:**

Total number of inspections or reviews will be tallied and reported

### Objective 78701.01 Has the Following Strategies:

- Conduct inspections or reviews of state facilities.
- Conduct inspections or reviews of licensed community programs.
- Assess compliance with prior recommendations regarding state facilities.
- Seek input to the design of inspections or reviews from consumers, family members, community providers, state operated facilities, and Department central office staff.

# Service Area Plan

## Department Of Mental Health, Mental Retardation and Substance Abuse Services

### Facility and Community Programs Inspection and Monitoring (78701)

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- Provide adequate training to OIG staff to assure state of the art knowledge of investigation and inspection methods.
- Fund the necessary staffing to assure adequate assessment of both state facilities and licensed providers.

#### **Objective 78701.02**

##### ***Facilitate resolution of inquires and complaints received by the OIG regarding services provided by state facilities and licensed providers.***

The OIG receives complaints about the quality and operations of services delivered by state facilities and licensed providers with the expectation that the office investigate each situation. The office also receives inquiries and requests for information from other organizations. It is important that the OIG respond to each request and facilitate resolution.

This service is called for in section 37.2-423 through 37.2-425 of the Code of Virginia. In addition, this objective aligns with these state's long-term objectives: Objective 4 - Be recognized as the best-managed state in the nation. Objective 5 - Inspire and support Virginians toward healthy lives and strong and resilient families. It also aligns with the mission of the OIG.

#### **This Objective Has The Following Measure(s):**

- **Measure 78701.02.01**

***Percentage of non-emergency inquires and complaints that are responded to within two business days***

**Measure Type:** Output

**Measure Frequency:**

**Measure Baseline:** FY 2005: 100 percent of non-emergency inquiries and complaints were responded to within two business days of receipt

**Measure Target:** 100 percent response rate through the end of FY 2008

**Measure Source and Calculation:**

Number of non-emergency inquiries and complaints received by the OIG that are responded to within two business days divided by the total number of non-emergency inquiries and complaints received during the year.

#### **Objective 78701.02 Has the Following Strategies:**

- Respond to inquiries by providing needed information or assistance in a timely fashion.
- Investigate complaints with the cooperation of providers and follow up to assure that resolution is reached.

#### **Objective 78701.03**

##### ***Monitor the quality of care in state facilities by reviewing information provided by the facilities and other agencies.***

The OIG receives a wide range of information from the state facilities and the Department of Mental Health, Mental Retardation and Substance Abuse Services. By reviewing and tracking this information, the OIG is able to make determinations regarding what aspects of the service delivery system warrant further investigations and assessment.



# Service Area Plan

## Department Of Mental Health, Mental Retardation and Substance Abuse Services

### Facility and Community Programs Inspection and Monitoring (78701)

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This service is called for in section 37.2-423 through 37.2-425 of the Code of Virginia. In addition, this objective aligns with these state's long-term objectives: Objective 4 - Be recognized as the best-managed state in the nation. Objective 5 - Inspire and support Virginians toward healthy lives and strong and resilient families. It also aligns with the mission of the OIG.

#### **This Objective Has The Following Measure(s):**

- **Measure 78701.03.01**

***Critical incident reports and autopsy reports reviewed by the OIG***

**Measure Type:** Output

**Measure Frequency:** Annually

**Measure Baseline:** FY 2005: 100 percent of the critical incident and autopsy reports received by the OIG were reviewed

**Measure Target:** 100 percent review rate through FY 2008

**Measure Source and Calculation:**

Number of critical incident and autopsy reports reviewed divided by the total number of critical incident and autopsy reports received from the Department and the Office of the State Medical Examiner

#### **Objective 78701.03 Has the Following Strategies:**

- Review reports of critical incidents (CI) provided by state facilities and investigate those that are of concern.
- Review reports of autopsies of deaths in state facilities performed by the Office of the Medical Examiner and investigate those that are of concern.
- Evaluate trends in CI's, autopsies, and a wide range of statistical data provided by state facilities. Investigate or conduct special studies regarding concerns that are identified.
- Enhance the data systems within the OIG to monitor information on an ongoing basis. This strategy includes collaboration with the Department to avoid duplication.

#### **Objective 78701.04**

***Inform and educate to assure understanding of OIG findings and recommendations.***

The findings and recommendations of the OIG provide the Governor and the General Assembly with critical information that can be used to better understand the legislative and budgetary changes that are needed to improve the quality of services provided by state facilities and licensed providers. Other organizations that receive this information gain a better understanding of how the service delivery system operates and what is needed to improve it.

This service is called for in section 37.2-423 through 37.2-425 of the Code of Virginia. In addition, this objective aligns with these state's long-term objectives: Objective 4 - Be recognized as the best-managed state in the nation. Objective 5 - Inspire and support Virginians toward healthy lives and strong and resilient families. It also aligns with the mission of the OIG.

# Service Area Plan

## Department Of Mental Health, Mental Retardation and Substance Abuse Services

### Facility and Community Programs Inspection and Monitoring (78701)

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#### This Objective Has The Following Measure(s):

- **Measure 78701.04.01**

*Number of presentations made by OIG staff*

**Measure Type:** Output

**Measure Frequency:** Annually

**Measure Baseline:** FY 2005: 18 presentations

**Measure Target:** 14 presentations annually through FY 2008

**Measure Source and Calculation:**

Total number of presentations will be tallied and reported.

#### Objective 78701.04 Has the Following Strategies:

- Submit all findings and recommendations to the Governor for review and approval.
- Place all reports on the OIG website in a timely fashion.
- Prepare semi-annual reports of OIG activities and provide to the Governor, General Assembly, Joint Commission on Healthcare, and other interested parties.
- Make presentations to committees and subcommittees of the General Assembly.
- Make presentations to provider groups and community groups as requested.